DOCUMENT RESUME

ED 465 740 SP 040 892

AUTHOR	Renfrew, Megan
TITLE	Guide to Implementing TAP (Teens for AIDS Prevention). A Peer Education Program To Prevent HIV and STI. 2nd Edition.
INSTITUTION	Advocates for Youth, Washington, DC.
ISBN	ISBN-0-913843-32-6
PUB DATE	2002-00-00
NOTE	199p.; Written with Kate Fothergill, Debra Hauser, Kayla Jackson, Kent Klindera, and Jennifer Hincks-Reynolds.
AVAILABLE FROM	Advocates for Youth, 1025 Vermont Avenue, N.W., Suite 200, Washington, DC 20005. Tel: 202-347-5700; Fax: 202-347-2263; e-mail: info@advocatesforyouth.org; Web site: http://www.advocatesforyouth.org.
PUB TYPE	Guides - Non-Classroom (055)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS	*Acquired Immune Deficiency Syndrome; *Adolescents; *Community Education; Community Programs; *Comprehensive School Health Education; Financial Support; *Health Promotion; Mass Media; *Peer Teaching; Program Development; Program Evaluation; Secondary Education; Teaching Methods; Youth Programs
IDENTIFIERS	Risk Reduction; *Sexually Transmitted Diseases

ABSTRACT

This guide presents steps to implementing human immunodeficiency virus/sexually transmitted infection (HIV/STI) programs in schools, faith communities, AIDS service organizations, and community based organizations. Eight chapters are: (1) "The Need for HIV/STI Prevention Peer Education" (including research findings on peer education); (2) "Building Support for a Peer Education Program" (the importance of laying the groundwork, reasons why teens need HIV/STI education, and arguments to counter possible opposition); (3) "Planning the Program and Finding Funding" (comprehensive planning, budgeting, and finding funding); (4) "Selecting and Training Staff and Recruiting TAP Members" (important qualities to look for in recruiting staff and guidelines for recruiting youth); (5) "Training Youth To Be Peer Educators" (outlines 12 sessions that amount to 22 hours of activities); (6) "Youth Developing Activities To Educate Their Peers" (educational efforts that peer educators can design and implement and approaches to supporting those efforts); (7) "Evaluating the Peer Education Program" (guidelines for assessing program success and a sample evaluation instrument); and (8) "Taking the Message to the Media" (guidelines on how to interact with the media). Two appendixes present resources and useful forms (e.g., sample permission slip, activity planning sheet, and consent to use photograph). (SM)

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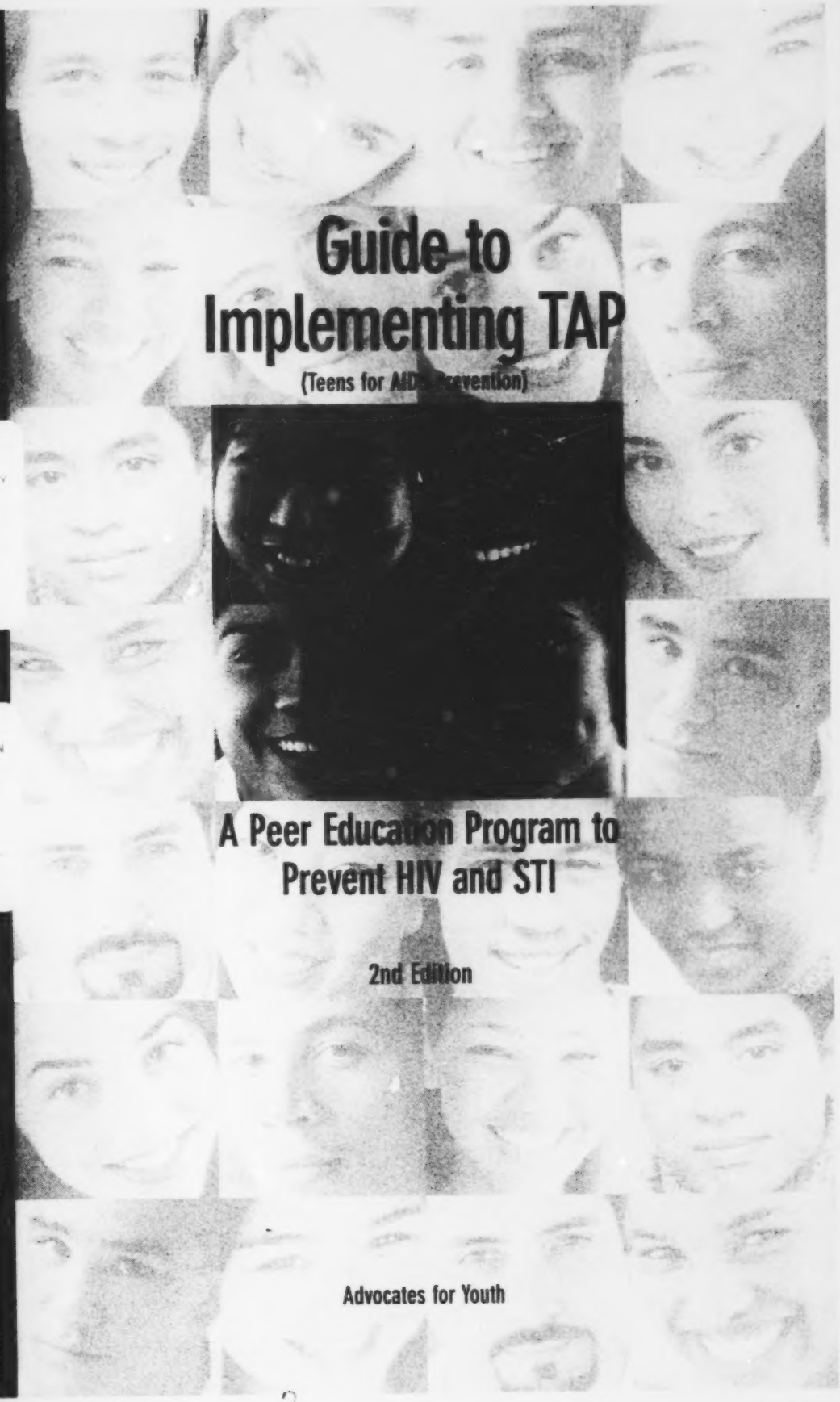

Guide to Implementing TAP

(Teens for AIDS Prevention)

A Peer Education Program to Prevent HIV and STI

2nd Edition

Advocates for Youth

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A Peer Education Program to Prevent HIV and STI

2nd Edition

written through a Youth/Adult Partnership –

Megan Renfrew, Intern,
with
Kate Fothergill, M.P.H.
Debra Hauser, M.P.H.
Kayla Jackson, M.P.A.
Kent Klindera, M.P.H.
Jennifer Hincks-Reynolds, M.P.H.

edited by Sue Alford and Ammie N. Feijoo

Advocates for Youth
Washington, DC
2002

© 2002, **Advocates for Youth**
James Wagoner, President
1025 Vermont Avenue NW, Suite 200
Washington, DC 20005
www.advocatesforyouth.org
Phone: 202.347.5700
Fax: 202.347.2263
E-mail: info@advocatesforyouth.org

Advocates for Youth – helping young people make safe and responsible decisions about sex.

> Advocates for Youth is dedicated to creating programs and advocating for policies that help young people make informed and responsible decisions about their sexual and reproductive health. Advocates provides information, training, and strategic assistance to youth-serving organizations, youth activists, policy makers, and the media in the United States and the developing world.

Acknowledgments
The first edition of this manual, *A Guide to Implementing TAP (Teens for AIDS Prevention)*, was developed and written in 1988 for Advocates for Youth by Patricia Dietz with assistance from Geri Peak and Nancy Stella of Advocates' staff. The original program pilot-tested between 1988 and 1990 at six sites with the generous support of AETNA Life and Casualty Foundation, April Trust, The AT&T Foundation, Freed Foundation, Glen Eagles Foundation, Metropolitan Washington Community AIDS Partnership, and the Public Welfare Foundation.

The MF Foundation generously supported the pilot testing of this second edition which is a product of the cooperative work of many members of Advocates' staff. The authors especially want to thank L. Michael Gipson, Jane Norman, Sarita Edwards, and Quanitta Favorite for their time and assistance.

Design by: Kensington Heights Design

ISBN: 0-913843-32-6

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Taking risks is part of being an adolescent. Moving from the dependency of childhood to the independence of adulthood is a major developmental task of adolescence, and this task requires that youth take risks. Developmentally normal risks might include first romantic attachments, learning to drive, and asserting opinions that run counter to those of parents or guardians. Usually, risk simply means the many actions and situations in which teens (like all other people) face the possibility of embarrassment and/or failure. However, in their quest for independence, adolescents also engage in risks that may bring them serious harm. The three most common causes of death among adolescents – unintended injuries, suicide, and homicide – demonstrate the challenge many adolescents face in negotiating the transition from childhood to adulthood.

Despite adolescent risk-taking, AIDS is unlikely ever to become the leading cause of death among teens simply due to the long latency period between HIV infection and the onset of AIDS. However, HIV infection will continue to be a serious threat to adolescents and young adults until and unless an effective HIV prevention vaccine is available.

New pharmaceutical developments – specifically, HIV anti-retroviral therapies – allow people with HIV infection to live longer than they used to live. However, this development may give people a false sense of security, making prevention and education even more important. Even with the new medications, people suffer severely from the consequences of HIV infection. Although they survive longer than in the past, people still die from the damage that HIV infection causes to the immune system. There is, as yet, no cure for AIDS. Because HIV infection almost invariably leads to AIDS, education and prevention are critically important. The nature of the message and the nature of adolescence highlight peer education as an approach that shows particular promise with young people.

NOTE: Telephone numbers, web sites, and data are current as this guide goes to press. Current statistics are available from the Centers for Disease Control and Prevention (CDC), UNAIDS, and the World Health Organization. Fact sheets summarizing statistics and research related to sexual risk behaviors are available from Advocates for Youth as well from CDC and other organizations. However program leaders choose to track down accurate and timely data, they must ensure that youth receive up-to-date, correct information. See the Appendix for additional resources.

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TAP is a model peer intervention program designed by Advocates for Youth to reduce young people's risk of contracting HIV and/or STI by increasing their knowledge and encouraging them to change their attitudes and behaviors. The program relies on the positive encouragement of youth to engage other youth in protecting themselves from HIV/STI. TAP works by training youth to encourage their peers to make positive changes in their sexual health attitudes and norms.

The TAP program offers leaders the opportunity to provide approximately 22 hours of training to a core group of 10 to 15 youth who, in turn, will design and lead educational activities for their peers. First demonstrated in February 1988, TAP was pilot tested at six sites, including both school and agency settings. The pilot test for the second edition confirmed the positive results of the first pilot test.

The overall goal of TAP is to promote positive changes in youth's norms related to sexual expression in order to prevent infection with HIV and other STIs.

The youth who will comprise the group of peer educators (hereafter, TAP members) receive extensive training, acquire solid information, and develop important skills to protect themselves from HIV/STI. TAP members also learn how to design and carry out HIV/STI prevention education programs with their peers.

Once trained, TAP members design activities to achieve *three important goals*:

- Encourage teens to make safe and responsible decisions about when it is right for them to have sex.
- Encourage sexually active teens to adopt safer sex behaviors, including consistent and correct condom use.
- Encourage sexually active teens to limit the number of their sexual partners.

TAP members' peer education activities may also achieve two additional goals. The activities may also improve youth's understanding of and compassion for people living with HIV and AIDS as well as educate youth about the associations between alcohol and other drug use and sexual risk behaviors and about the risk of HIV infection from injected drug use.

During the design of the original TAP program, Advocates for Youth conducted focus group research among urban teens to examine their knowledge and attitudes about HIV/AIDS.[11] Key findings that emerged from that research were critical in the formation of the original TAP program. Published research in the scientific literature continues to validate the findings of those early focus groups.

- Youth generally are well informed about transmission of HIV infection.
- Youth generally do not feel that they, as individuals, are at risk of HIV/STI and see no reason to change their behavior. On the other hand, youth who see themselves as being at high risk frequently see little reason to change their behavior because they believe infection with HIV is inevitable.
- Youth know how to prevent infection with HIV, but frequently object to using prevention methods consistently. For example, many teens reject the concept of abstinence until marriage. Many teens also feel reluctant to use condoms at every act of sexual intercourse.
- Many youth have negative views of condoms. For instance, research shows that some youth feel that using a condom would be perceived as indicative of infection with HIV/STI; such a perception makes it difficult for these youth to negotiate – or even mention – condom use. Other youth worry about loss of enjoyment, about condom failure, or about embarrassment when attempting to purchase condoms.

Behaviors that place teens at risk for HIV and STI are sometimes associated with negative peer pressure or with perceptions that "everyone" is having sexual

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Chapter II.

Building Support for a Peer Education Program

Peer education is widely recognized as a useful and credible way to reach young people with important information. While peer education does not usually cause much concern among adults, young people's involvement as HIV/STI prevention educators may cause concern and provoke controversy. Those planning any HIV/STI prevention peer education program, including TAP, should remember that some individuals within the school, faith community, or agency may feel concern about utilizing youth as HIV/STI prevention educators of their peers.

The issues or concerns about youth's involvement may differ, however, depending upon the setting. For example, adults working in schools may have different concerns than those working in religious institutions, youth groups, shelters, or other community-based organizations. Adults working in different settings may also have varying ideas about the feasibility of a TAP program. This chapter can help planners to develop a solid rationale for a TAP program as well as to anticipate and respond to the concerns of members of the particular community that will host a TAP program. The chapter presents

A. **Guidelines for building support**

B. **Nine reasons why TAP meets teens' need for HIV/STI prevention education**

C. **Convincing arguments to counter possible opposition to the program.**

A. Building Support

Regardless of the prospective setting, planners will need to identify and persuade key people whose support is necessary in order to move ahead with a TAP program. Planning and implementing TAP will be much easier with approval from those in authority in the school or organization. Planners should be aware of potential allies *and* potential opponents – those who can make and break a program. In schools, these players could include the superintendent, the principal, school board, leaders of the PTA, parents, and teens. In faith communities, powerful players could include the priest, minister, rabbi, or imam and his/her staff, lay leaders, and members of the governing board of the synagogue, mosque, or church. For community-based agencies, the list could include the executive director, the board of directors, staff, involved youth, parents, and members of the community.

Four guidelines form the basis of an effective strategy to build support for a TAP program –

- Know the community.
- Involve youth from the beginning.
- Know the informal and formal approval process within the chosen setting.
- Inform affected staff.

1. **Know the community.** To effectively build support for a TAP program, planners should involve community and parent groups from the outset. Planners need to know the answers to the following questions:
   - What other HIV/STI prevention education programs exist in the local community?
   - How does the community perceive those programs?
   - Which community planning groups should be included in the planning?

   Planners can contact the local HIV/STI Prevention Community Planning Group, established under the Ryan White CARE Act, for help in identifying other HIV/STI prevention education programs in the community and for support in establishing a TAP program. In a school setting, planners must also explore the possibility of peer education with school officials and the PTA. Will they support HIV/STI prevention education that involves youth as peer educators? When community and parent groups are involved from the outset, planners will encounter fewer obstacles to success. Equally important, planners will discover that the program can have powerful, effective support from enthusiastic parents and community members.

2. **Involve youth from the beginning.** This program is for youth. It will fully meet their needs only if they are meaningfully involved from the beginning. Youth can speak powerfully and effectively to those who need to approve the program, such as principals and board members. Youth can make the case for the program to affected staff. Youth can give voice, vision, and form to a program that is meant for them. Youth can enroll other youth and their parents in efforts to build community support for an HIV/STI prevention peer education program – for TAP.

3. **Know the informal and formal approval process for programs within the chosen setting.** Understanding the process will permit planners to avoid unnecessary struggles, delays, and setbacks.
   - Must the board of directors or school board approve programs before they can be implemented?
   - Must the director or principal approve an idea before it can go the board of directors or school board? Is any other person's prior approval necessary?
   - If the board must approve, what is the view of the group as a whole on HIV/STI prevention education?
   - What are the views of the individual members of such a board?
   - Is there a core group of individuals who are strongly committed to HIV/STI prevention education? Who are they? Will they actively support the program and speak out in its favor?
   - Is there a core group of individuals who oppose

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B. Nine Reasons Why Youth Need HIV/STI Prevention Education and How TAP Fills Those Needs

Adult and youth planners should make presentations – whether to board, staff, youth, parents, community members, or others – that are informed, persuasive, and informative. Presentations should speak to the need for the program, its cost-effectiveness, and the positive outcomes that TAP may provide. The bullets that follow present information on behaviors of youth that put them at risk for HIV and/or STI, on the value of HIV/STI prevention peer education, including TAP, and on the needs of youth that TAP can meet. These points can form the basis for powerful presentations.

1. Adolescents are at risk for HIV/STI because many of them engage in sexual intercourse, and many do not use condoms.

The statistics vary slightly from year to year.

- Nevertheless, about half of all U.S. high school youth report having ever had sexual intercourse – from less than 40 percent of those in 9th grade to over 60 percent of those in 12th grade.[1]
- Some demographic subgroups of youth report higher rates of sexual activity than do other groups. For example, African American high school youth frequently report higher rates of sexual activity than Hispanic youth.[1]
- A small but significant minority of sexually experienced high school youth – usually less than 20 percent – reports having had sexual intercourse with four or more partners. By their early twenties, the percentage of youth reporting four or more lifetime partners rises.[1,2]
- While many youth engage in sexual intercourse, many do not use condoms. Studies show that from 40 percent to 60 percent of sexually active U.S. youth (varying by gender and race/ethnicity) report no condom use at most recent intercourse.[1,3]

2. Drug use puts some adolescents are at risk for HIV/STI.

- While injecting drugs provides the most direct transmission route for HIV, the use of non-injection drugs and alcohol may impair a person's willingness and ability to use condoms or to take other precautions while having sexual intercourse. Some illicit drugs, such as crack and ecstasy, may increase users' desire to have sexual intercourse.
- Youth may engage in multiple risks. In one study, students who drank frequently, smoked cigarettes, and/or used marijuana were two to three times more likely to be sexually active than students who did not use substances. They were also more likely to report multiple partners than those who never drank.[4]
- Among high school students surveyed in the late 1990's, around 80 percent reported some use of alcohol. At the same time, about one-fourth of young women and one-third of the young men reported heavy episodic drinking and similar proportions reported marijuana use.[5]
- In the same survey, about two percent of U.S. high school students reported having injected drugs, and about eight percent reported ever using cocaine.[5] Although heroin and other drug use is undocumented among out-of-school youth, some experts believe that the rates may be considerably higher than among in-school youth.

3. Adolescents are at risk for HIV/STI because of the stage of their psychological development.

- Adolescence is a time of physical and psychological growth, and the developmental characteristics of adolescence may put teenagers at risk for contracting HIV/STI. For example, feelings of invulnerability and an inability to think abstractly characterize some stages of adolescence. These developmental characteristics increase teens' need for factual information and risk reduction skills.
- Teens need both information and skills. Many teens need to learn new sexual health attitudes. Youth

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9). Teens involved in a TAP program develop new skills and learn the importance of service to the school or to the community. TAP builds leadership skills among youth and teaches the importance of sharing accurate information.

The program focuses on building skills in communicating and in making decisions. TAP also builds skills needed for developing and implementing innovative educational activities. Teens who have participated in TAP become leaders in their schools. They are people to whom other students go to for information and guidance.

Finally, planners should remember that TAP is an excellent way to provide youth with the information and skills they need to protect themselves against infection with HIV and other STI. In fact, the original TAP won the American Medical Association's *1990 Award for Excellence in Prevention* in the area of HIV/AIDS and adolescents.

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organizations should join in a community-wide HIV/STI prevention effort so all teens can hear consistent messages from numerous sources. At the very least, this organization has an opportunity to reach some youth that urgently need this program. To do less is to turn our backs on a critical situation facing the youth we care about.

Objection 6 – The staff is already overworked. We cannot possibly implement another new program.

Response – We can integrate a TAP program into our current programs. The staff time needed to implement TAP is about 25 percent of a full-time position. Volunteers, including youth, from the community can do some of the training, oversee program development, and/or coordinate youth-led educational activities. If the organization will commit to hosting the program, we can find the resources for making TAP happen.

Objection 7 – Sexuality education and HIV/STI prevention education do not change behavior. They are not effective. Why bother to implement another program that will have no impact?

Response – Sexuality education programs that are comprehensive and that incorporate interactive exercises have been shown to be successful in changing sexual risk behaviors. TAP has been tested using a pre- and post-test experimental design. Evaluation of TAP found that the TAP training increased TAP members' knowledge, changed their behavioral intentions to use condoms, and increased their sensitivity toward persons living with AIDS.[11]

Although designers intend TAP ultimately to lead to healthy sexual attitudes and behaviors among all the youth reached by TAP members, program planners and sponsors must not expect immediate behavioral change among the target population. Rather, the TAP program alerts teens to their need to protect themselves from HIV/STI. Anyone – of any age, sex, race/ethnicity, or sexual orientation – can become infected. Promoting healthy behavior among youth begins with changing youth's attitudes – that is the primary goal of TAP. Helping teens understand that they are vulnerable to HIV/STI is a significant first step in preventing HIV/STI.

Objection 8 – Teenagers cannot take on the amount of responsibility this program requires.

Response – American society too often describes adolescents negatively – as misguided, out of control, or self-absorbed. Yet, this stereotype overlooks the many powerful, positive qualities of teens: their loyalty, altruism, energy, leadership, and idealism. Adults perform a disservice to youth when they fail to recognize teens' positive, important qualities and to empower youth to put their abilities to the service of the community. In fact, the very youth labeled *troublemakers* frequently become the most effective peer leaders. They already have solid leadership skills that other youth recognize. When those skills are applied to a positive goal and the issues involved are ones that personally affect them and their friends, these youth become powerful peer leaders for positive change.

In one presentation by a TAP group, an adult in the audience remarked that the teens were doing a great job and that they were very special youth. A TAP member responded,

> *We aren't special youth. We have been given the opportunity to become involved in our school and our community. We have been encouraged to take control of the HIV/STI prevention education activities. Youth need the opportunity to create our own programs, and when given that opportunity, we can do great things!*[6]

Objection 9 – Youth are not interested in HIV or other STI, nor do they care about their peers.

Response – Youth care. They care a great deal, and they are interested. However, youth generate the most excitement and energy about a program that meaningfully involves them – not just as audience, but as designers, creators, managers, and performing artists.

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Chapter III

Planning the Program and Finding Funding

From the outset, young people should participate in designing the program and should be consulted about all aspects of the program and its intended outcomes. Only youth themselves can answer the fundamental question as to whether a TAP program is something youth really want and want to do? Forming youth-adult partnerships – in which young people are equal team members with adults – is vital to the success of a TAP program.

Once support for TAP has been established within the school, community, or organization, it is time to plan the program itself and to plan for its implementation and administration. Planners – including youth – will need to focus at this point on four major objectives:

1. **Developing a comprehensive working plan for TAP**
2. **Identifying and achieving support and funding for TAP**
3. **Selecting and training staff**
4. **Recruiting youth to become peer educator TAP members.**

This chapter concentrates on the first two of the objectives. It provides guidelines for the individual(s) or group(s) responsible for each objective. Chapter IV focuses on objectives three and four – selecting and training staff and recruiting youth to become TAP members.

Before you begin planning the program, be sure to read chapters I, II, III, IV, and VII in their entirety. Reading these chapters *first* will help you understand the planning process and avoid pitfalls to creating a successful peer education program.

A Peer Education Program to Prevent HIV and STI >>>>>>>>>>>>>>>>>>>>

Objective 1. Developing a Comprehensive Working Plan for TAP

Developing a working plan for TAP is important. The plan will serve four vital purposes.

- It will emphasize elements and approaches that fit the community and the youth who will be trained and educated through the program.
- It will provide a broad overview of the program and what it intends to achieve.
- It will place each stage of the program within a time frame.
- It will clearly identify the goals and objectives of the program and define aspects of the program for evaluation.

This section will help planners navigate the process of developing a working plan for a TAP program. It includes information on:

A. Assessing the Needs and Assets of Youth in the Community for HIV/STI Prevention

B. Setting Goals and Objectives

C. Developing the Comprehensive Plan

D. Identifying Budgetary and Resource Needs

E. Planning for Evaluation.

Again at this point, be sure that youth are among the planners and will participate actively in all aspects of developing the working plan. Developing the comprehensive plan is a large task. The initiating planner may want to assemble a team to work on this first objective. If youth are not already involved, this is the time to recruit a few young people to work as a team with adults to plan and carry out the needs and assets assessment and to develop goals and objectives for the program. Youth should also participate in developing the comprehensive plan of activities and the timeline, identifying budget and resource needs, and in planning for evaluation. Involving youth from the beginning will lead to a stronger and more effective program and will encourage youth to feel ownership of the TAP program.

A. Assessing the Needs and Assets of Youth in the Community for HIV/STI Prevention

Assess the needs and assets of youth that the program will target. In other words, if the program will occur in school, the assessment team will need to plan ways to determine the needs and assets of the students and their community. If TAP will occur in a community-based agency, the team will need to assess the needs of the youth that the agency targets. The team will work to ensure that the TAP program addresses the specific needs and utilizes the assets available to the targeted youth. For example, is the pregnancy rate high among the youth? This may be an indicator of high rates of unprotected sexual intercourse. Are alcohol and other drug use problems among the youth or in the community?

For the most part, planners may already be aware of issues and circumstances that make HIV/STI prevention education important for the community's youth. Nevertheless, real data – statistical data as well as data from focus group research – will ensure that the program doesn't focus on adults' *perceptions* of need rather than on youth's genuine need. It will also help planners to utilize the assets of youth and the community in the TAP program. Finally, baseline data is essential to assessing the effectiveness of a TAP program. Baseline data may also be essential in later years for securing funding that will be available *only* if the program's effectiveness can be firmly demonstrated.

The following *Steps to Success* may guide the team in the initial stages of the assessment process.

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- Are young people involved in the street traffic of drugs?
- What are the rates of pregnancy, birth, and STI among youth in the community?

City, state, and community agencies are good sources for answers to at least some of these questions. Remember that baseline data is essential for effective planning, successful evaluation, and future funding.

B. Setting Goals and Objectives for the TAP Program

Remember that TAP's overall goal is –

To promote positive changes in youth's norms related to sexual behavior to prevent infection with HIV and other STI.

To achieve this goal, TAP trains youth to become knowledgeable and sensitive HIV/STI prevention educators who are skilled at communicating accurate information to their peers. Once trained, TAP members design activities to achieve three important goals. Peer-led HIV/STI prevention education should encourage:

- Each teen to make safe and responsible decisions about when it is right for him/her to have sex
- Sexually active teens to practice safer sexual behaviors, including consistent and correct condom use
- Sexually active teens to limit the number of their sexual partners.

TAP, therefore, must be flexible and fit the needs of specific groups of youth. It accomplishes this, in part, by encouraging each planning team to select and implement program-specific goals and objectives.

Write the program's specific goal statement to reflect the population ***this*** *TAP program will serve.* All TAP programs provide peer-mediated HIV/STI prevention education. The individual program's goal(s) should reflect the youth it will reach – whether all students at Hometown High School, the members of Our Own Youth Club, the youth served at the Main Street Gay and Lesbian Support Center, or youth gangs in Somewhere, This Country.

Example:

Hometown High School's TAP Program will provide peer-led HIV/STI prevention education to achieve positive sexual health behavioral norms among all ninth and tenth graders in Hometown High School.

State the program's objectives. Setting explicit objectives is an important part of the planning process. *Process objectives* identify the tasks and milestones to be accomplished in implementing and running the program. *Outcome objectives* identify the anticipated immediate effect of the TAP program on targeted youth. *Impact objectives* identify the long-term changes the program expects to achieve. The objectives clarify the direction the TAP program will take. They should detail desired accomplishments, as well as when, where, and how to accomplish them. The objectives should specify amounts, proportions, or percentages.

Process objectives measure whether the program is keeping to its timeline and accomplishing tasks in a appropriate way. They measure whether and to what degree the processes of the program are successful.

Examples:

- By 30 August, members of the planning team will produce and distribute 2,000 flyers, appear once on a local radio talk show, and display an announcement on the high school's Web site to inform youth from Hometown High School about the program. At least 25 youth will apply to participate as TAP peer educators.
- By 30 September, planners will accept and enroll 15 youth, ages 15 to 17, from Hometown High School to participate as TAP peer educators. At least 10 will be youth of color, proportional to the target audience of Home Town High School's ninth and tenth graders, of whom 62 percent are youth of color.

Outcome and impact objectives specify the results the program intends to obtain, with respect to the TAP members and/or the teenage audience of the TAP members' activities. Planners should keep in mind the overall goal of TAP, the goals of the TAP members' campaign, and the particular needs of the targeted youth.

Outcome objectives attempt to measure the short-term achievements of the program. Short-term could mean post-testing immediately after a program or activity, or it could mean assessment within 30 days to six months after a program or campaign.

Examples:

- The TAP members will demonstrate significantly increased knowledge regarding HIV/STI prevention immediately after the conclusion of their training. Their post-test scores will have improved by at least 20 points over pretest scores. At the same time, TAP members will demonstrate improved skills in making decisions, communicating, and negotiating, shown by at least a 20 point increase in post-test scores over pretest scores.
- Immediately after TAP members have finished their campaign, teens targeted by the campaign will increase by at least 10 points their post-test score as compared to the pretest scores in their knowledge regarding HIV/STI. At the same time, post-testing will show that teens have significantly more positive attitudes about safer sexual behavior, demonstrated by a 20 point increase in their attitudes scores.

Impact objectives relate to the long-term objectives of the program. Long-term usually means one year or more. These objectives would relate to changes in knowledge, attitudes, and/or behaviors over time and would also relate to TAP's overall goal of changing youth's norms around sexual behavior.

Examples:

- After one year, sexually active TAP members will report more consistent use of condoms and fewer new sexual partners when compared to non-participating sexually active youth.
- After one year, significantly more youth in the target community will report positive attitudes about condom use when compared to baseline data in the target community.
- After three years, sexually active youth in the target community will report significantly more consistent use of condoms when compared to baseline data in the target community and fewer new sexual partners when compared to sexually active youth in surrounding communities.
- After five years, the incidence of adolescent pregnancy and reportable STI will have decreased by 20 percent among the entire student body of Hometown High School when compared to statistics available for the school year immediately preceding the inception of the program.

Objectives indicate areas in which data must be collected for process, outcome, and impact evaluation. Objectives direct the program and limit it. For example, a program that expects to improve attitudes about condom use *must* include activities about condoms and their use. At the same time, the program would probably not include an activity centered on choosing a college. Chapter VII, Evaluating the Peer Education Program, offers additional information that may help planners to formulate specific, achievable objectives to guide the program to meet the needs of targeted youth. Chapter VII also provides suggestions for conducting a simple process evaluation.

C. Developing the Comprehensive Plan for the TAP Program

The comprehensive plan will address four major program stages:

Stage 1. Preparing

Stage 2. Training

Stage 3. Developing and Conducting Activities

Stage 4. Assessing and Modifying the program.

Stage 1. Preparing – Chapter III provides a step by step guide to preparation. In it, planners will also find information on identifying budgetary and

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resource needs, planning for evaluation, and identifying and achieving support and funding for TAP. The planning team will

- Design the overall program, using the already identified objectives and goal(s) as a guide.
- Design the evaluation strategy – determining the type and quantity of evaluation the program will have, identifying baseline data the program has and/or will need, and recruiting outside experts, if necessary.
- Work out program logistics.
- Review the model for TAP training given in this guide (Chapter V, Training Youth to Be Peer Educators, and Chapter VI, Youth Developing Activities to Educate Their Peers), and modify the model as necessary to meet the program goals and objectives of this particular program.
- Recruit a coordinator and additional people to help with the program.
- Recruit youth to become TAP members.
- Locate resources and support for implementation.

Stage 2. Training – This second stage begins with the selection and training of the program staff, covered in Chapter IV, Selecting and Training Staff and Recruiting TAP Members. The training of peer educators is covered in Chapter V, Training Youth to Be Peer Educators.

Stage 3. Developing and Conducting Activities – The third stage puts the program into action while the TAP members are completing their training. Chapter VI, Youth Developing Activities to Educate Their Peers, guides this phase, divided into four sessions. Planning *and* implementing activities begins *during* training.

Stage 4. Assessing and Modifying the Program – During the final stage, involved youth and adults use their experience and the information collected during the program to revise the program for the next session. Chapter VII, Evaluating the Peer Education Program, provides guidance on this stage.

The four stages of comprehensive planning begin again as the next session starts. Youth participating in the second year may have different needs and different interests compared to those in the first year. Although comprehensive needs and assets assessment will not be repeated, the coordinator should compare current statistics and survey data to the baseline data to discover any trends and changes that may have an impact on the shape of the coming year's program. Certainly, the coordinator should not assume that *all* objectives and activities will remain the same during the next program.

A comprehensive plan is imperative for an effective TAP program. The plan will help keep TAP on track and will allow planners to anticipate and avoid potential problems and conflicts. Depending upon the structure of a sponsoring organization, the plan could cover an academic year, a summer, a fiscal year, or other appropriate unit of time. Planners, including youth, can place the phases on a chart with the overall timeline and specific activities listed under each heading. This will help everyone involved to visualize the plan and to space events and activities so that they are achievable. Examples of timelines follow at the beginning of Chapter V and Chapter VI.

Planning the activities that will educate their peers empowers TAP members and completes their training. The suggestions given in Chapter VI can assist the TAP coordinator(s) to establish an atmosphere that encourages youth to take the lead and to be creative. The TAP coordinator must remember that *youth* will develop these activities while adults provide guidance and direction. The program coordinator must ensure that he/she allows enough time for youth to plan *and* carry out activities. Different activities will require flexibility in preparation and execution.

D. Identifying Budgetary and Resource Needs for the TAP Program

The words, *resources* and *budget*, are used most often to mean money and planned spending. Whether or not a TAP program has a formal budget, planners will need to identify the resources the program will

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stipends. Some programs have little problem meeting salary and stipend costs because everyone involved is either a volunteer or is paid by the school or sponsoring agency. Planners who must find funds to pay salaries and/or stipends may need to consider the various options available to them. For example, can planners find a home for the program in an agency or school that will also provide staffing for the program? Will a local business or foundation be willing to fund the program for one to three years? Finally, although a TAP program might be able to accomplish more with more money, planners should be realistic in identifying actual needs as opposed to what they would like to have for an ideal program.

Staffing requirements will vary depending upon the program's structure and its cost, and planners will have to determine the number of staff hours needed per week. Planners should consider the total workload facing the TAP coordinator(s). Will the coordinator run this program as a full-time commitment, or is it one more responsibility atop an already large load of responsibilities? Will additional staff be needed to ensure the program's smooth operation? Will staff be paid or voluntary? Will the program hire co-coordinators to provide youth with different viewpoints and role models and to share the experience and responsibilities of working with youth? Answering these questions will help the planning team to budget for critical staffing needs of the program.

Planners may attempt to use volunteers to lower costs. For schools, TAP might be a school club led by a teacher or counselor who is reimbursed according to school policy. In community and religious organizations, parents, college students, young adults, and/or senior citizens may be looking for this type of opportunity to work with young people. However, planners should remember that volunteers are effective only if they are appropriately trained and able to attend TAP meetings consistently. Volunteers who have not made TAP a priority and/or have not made a genuine commitment to the program may not follow through with assigned responsibilities. If volunteers are undependable, they may negatively, even disastrously, affect the TAP program.

In an environment where paid staff will oversee the project but needs additional assistance, the program may be able to recruit an intern to lead sessions or to handle logistics, such as gathering training supplies, setting up the room, and buying refreshments. Internships provide useful learning experiences for college students, especially those studying psychology, education, public health, sociology, or social work. In fact, many students have fieldwork as part of their degree requirements; however, they deserve reimbursement for their program-related expenses.

Decide about stipends for youth. During pilot testing in the District of Columbia, the original TAP program provided stipends for participating teens in the first year but not in the second. In both years, teens felt positive about the program and their participation. When deciding whether or not to give stipends to the youth, planners should weigh the benefits of each approach.

Providing stipends to TAP participants offers benefits, including:

- Youth receive a concrete, financial reward for their work.
- Youth have incentive to remain involved in the program.
- Youth who need employment are able to participate in the program. Many teens work part-time. Youth deserve pay equivalent to what they could make by working elsewhere.

At the same time, not providing stipends also has benefits, including:

- Youth may be primarily motivated by a desire to educate other youth about HIV/STI prevention.
- Financial constraints on the program will not limit the number of youth participating in the program.
- The program is less expensive to run.

Resource Needs. Most TAP programs will need to budget for the following:

- **Staff**
  - Salaries or reimbursement for TAP coordinator(s)

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Objective 2. Identifying Sources of Support and Funding for TAP

At this point, the planning team should have completed a comprehensive plan of the program. The plan should identify:

- Needs and assets of youth in the target community
- Goals and objectives for this particular program
- A timeline for the program
- Budgetary and resource needs
- Evaluation plans.

Now, program planners are ready for the next step – finding the money and in-kind donations needed to get the program up and to operate it through one year (or other time frame as detailed in the plan). Planners will seek the type and amount of funding dictated by the program's goal(s) and the size and scope of its sponsoring organization. For example, a program with a goal of reducing rates of adolescent pregnancy and STIs in a target community might seek three- to five-year funding from a community-based foundation. Five years is probably the minimum time needed to assess any potential impact on adolescent STI and pregnancy rates. A program with the goal of assessing whether peer education would improve intentions to use condoms among targeted youth would want to seek funding for just one program cycle, perhaps with tacit permission to seek additional funding if assessment showed that peer education was effective in the target community.

Programs should look first to the local community for support. One way to break a large budget up into palatable pieces for potential donors is to divide the budget by specific tasks and look for a different sponsor for each task. For example, a TAP program getting underway at a neighborhood community center might want to provide stipends during the training for the TAP peer educators, provide refreshments at each meeting, distribute buttons at each presentation, and have the group design and wear identifying tee shirts. In this case, local businesses and clubs can each be asked to sponsor one TAP member by donating an amount equal to one teen's stipend. Groceries, pizzerias, and other food establishments can be asked to donate food and/or drinks or to provide them at a reduced cost. A printer of novelties might be willing to donate the tee shirts and/or to print other materials, like buttons, to match them. TAP members can also raise cash through tried and true methods, such as a bake sale, car wash, and services auction.

In a school or youth-serving agency, the TAP coordinator may be able to use the school or agency's resources to keep TAP expenses to a minimum. For example, in a school, a teacher may assume primary responsibility for coordinating the project while students raise funds to cover the remaining costs of the program. Some schools have budgets for classes, sports, and club activities. Most, however, do not, and TAP members can raise funds through activities that interest them.

In an agency, finding funds for a TAP program may come under the general fundraising activities and/or responsibilities of the organization. Internal agency structure may determine whose responsibility it is to find funds as well as the shape and structure of the program. The agency may also have opportunities to incorporate TAP into the budget of existing programs. For example, if the agency offers youth-focused programs, TAP could fit in as one more of them. In general, most agencies are familiar with procedures for approaching foundations and have an ongoing process for locating funding sources.

Some professionals who have worked with TAP programs in the past feel that a TAP program is best served by pursuing formal funding through a foundation or government agency. Planners should investigate both public and private sources of funding and determine which can best meet the program's needs and least restrict its activities.

Foundations, corporations, and government agencies all have different, sometimes unique, requirements and guidelines. Some foundations require a letter of intent

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Tips on Finding Public Sources of Funding

- Several state government agencies fund HIV/STI prevention education programs. Contact the state's Adolescent Health Coordinator and ask for information on possible funding.
- Contact the local health department for information on funds available for community-based projects.
- Contact the state's HIV Prevention Community Planning Group to determine whether youth are a priority and what types of interventions are being planned that target youth. The Centers for Disease Control and Prevention authorizes each state to convene a planning council, and many states combine into regional groups.
- Contact the local health department for information on the HIV Prevention Community Planning Group.

When writing a proposal, remember to answer several key questions –

- Why is HIV/STI prevention education essential for youth in this community?
- Why is TAP an excellent and important program for the youth in the community (school, shelter, etc.)?
- Why will the sponsoring organization be successful in implementing TAP?
- What positive outcome or impact will TAP have?
- How will the program measure the outcome or impact?

Also remember to include a projected budget and to identify other sources of support, including in-kind donations.

Chapter IV.

Selecting and Training Staff and Recruiting TAP Members

This chapter addresses the two final objectives (first listed at the beginning of Chapter III) necessary to successfully implement a TAP program:

- **Objective 3. Selecting and training staff**
- **Objective 4. Recruiting youth who will become peer educator TAP members.**

Remember that the entire planning process should actively and meaningfully involve youth. Youth can and should be involved in both of the processes discussed in this chapter - selecting a program coordinator and recruiting and selecting TAP members. In particular, youth can and should participate in the selection of criteria for a coordinator and in the interviews of candidates for coordinator. Youth can and should participate actively in the recruiting and selection of TAP members.

Objective 3. Selecting and Training Staff

Selecting Staff

A TAP program must have a coordinator – an adult who is responsible for the overall integrity and continuity of the program. The coordinator may actually be the person who initiated the move to establish a TAP program and/or the one who has taken primary responsibility for planning the program up to this point. However, the coordinator may instead be a different individual, recruited and selected at this time. This section deals with selecting and hiring or enrolling the coordinator and additional staff.

educating youth, planners should remember that particular qualities are especially important in a TAP coordinator and that only one of these focuses on knowledge base. Some are experiential. Others have to do with interpersonal skills or other intangible assets. Look for the following qualities when recruiting volunteers or hiring staff for TAP:

Because many of the most important attributes are experiential and/or interpersonal skills, the planning team will need to devise careful strategies for recruiting and interviewing. The strategies will need to allow interviewers to assess qualities that may not be easily captured in a resumé or standard interview techniques.

Knowledge	Experience	Interpersonal Skills
Knowledge of HIV and other STIs	Ability to motivate adolescents	Ability to communicate well with adolescents
	Commitment to HIV/STI prevention	Creativity
	Experience in teaching sexuality education	Flexibility
	Ability to work with youth of varying cultures, socioeconomic status, race/ethnicity, and sexual orientation	Sense of humor Ability to enjoy people and situations
	Willingness to allow youth to make program decisions Ability to work in partnership with youth	Willingness to empower youth to educate their peers

Additional staff may be highly valuable to a TAP program. At the very least, two TAP coordinators can share responsibilities and generate more enthusiasm and ideas than can one coordinator. For TAP, as for any other program that focuses on and works with youth, success rests heavily on the attributes of the adults involved in the program.

Some community groups or schools may choose a TAP coordinator because of his or her experience in HIV/STI prevention education. However, many outstanding candidates for TAP coordinator will have excellent skills for working with youth but need additional training in HIV/STI prevention education.* Because many people normally focus first on the educational background of adults entrusted with

The TAP coordinator is responsible for the overall management of the TAP program. This includes planning and budget management, training TAP members to become peer educators, and helping them to implement their chosen activities. Two coordinators can share these duties. A coordinator can also delegate some of the responsibilities to interns, other volunteers, and TAP members. Planners should develop a clear list of specific duties for the TAP coordinator and other adults involved in the TAP program.

Example:

- Develop support for the project in the community, school, and/or agency by presenting the program to the PTA, board of directors, and other appropriate groups.

* *Training programs are available in the community or through national, regional, or local HIV/STI conferences. The American Red Cross or local AIDS service organizations will be helpful in identifying resources to further train adults.*

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- Select youth to participate in the project and secure parental permission for each young person under age 18.
- Attend each TAP meeting, provide and coordinate training to TAP members, and arrange logistics for the meetings.
- Empower and assist youth to conduct HIV/STI prevention projects, such as making presentations, conducting assemblies, writing newspaper articles, and producing educational materials, within the community or school.
- Serve as program liaison between youth and parents, staff, and other adults involved with the project.
- Manage evaluation of the TAP program.
- Oversee the budget.
- Secure funding by writing grant proposals for submission to foundations as well as letters requesting donations from local businesses.

Training Staff

Teaching youth about HIV and other STIs is a professional and personal challenge for many educators and other program leaders. Each TAP coordinator will have his/her own feelings and values about the HIV epidemic, and may not be completely comfortable with some of the issues that youth are likely to raise. In particular, leaders may feel uncomfortable in presenting sexuality-related information and in dealing with controversy. If planners have found an otherwise outstanding candidate for TAP coordinator who is uncomfortable with sexual health issues and sexuality education in general, the candidate may need additional sexuality training. Contact Advocates for Youth at 202.347.5700 for assistance in identifying a source for comprehensive sexuality education training.

Please be aware that some 'sexuality education' programs refuse to teach youth about partner negotiation or about proper use of condoms and other contraception for the prevention of sexually transmitted infections and unintended pregnancy. These programs are typically unable to provide the skills and comfort level necessary to enable the coordinator to deal honestly and respectfully with many sexual health issues important to a TAP program.

This section focuses on preparing the TAP coordinator for the professional and personal challenge of teaching youth about HIV and other STIs. In particular, this section discusses the following points:

1. **All teens are not alike.**
2. **Cultural issues matter.**
3. **Reaching members of all populations of youth is critical to being effective.**
4. **Creating a safe and hospitable environment is essential.**
5. **Using appropriate language can help ensure the program's success.**
6. **Empowering youth means assisting youth in developing their leadership skills.**

1. All Teens Are Not Alike.

The TAP coordinator must understand that teens are unique individuals. The coordinator will need to acknowledge the wide range of sexual experience within a group of young people. Some youth will have had sexual intercourse; some will not yet have exchanged romantic kisses with anyone. Some youth will have had heterosexual experience; some teens will have had homosexual experience. Some youth will have chosen to initiate sexual intercourse; some will have had sexual intercourse or other sexual contact forced upon them. Some will be dating; some may not yet be interested in dating. Some teens may have good reason to believe that they have been exposed to HIV/STI; some may incorrectly believe they can contract HIV from a drinking fountain. Some teens may have friends or relatives who are living with HIV; some of the youth may be living with HIV.

The leader must address and include all young people in the group. One suggestion is to begin by saying something like *We are going to be discussing HIV/STI infection. HIV is a national emergency. All of us need to know more about HIV, the virus that causes AIDS, and how it is transmitted as well as*

about other STIs. We will be talking later about prevention. Some of you may not need this information now; but it is important for everyone to listen so that you can help yourself or be helpful to a friend or family member in the future.

Many young people are afraid of STIs, especially HIV. That fear may keep them from protecting themselves. Leaders can reduce this fear by explaining that HIV/STI infection can be prevented. Many teens will feel powerful when they learn that they have the ability to behave in ways that will prevent them from ever becoming infected.

2. Cultural Issues Matter.

Effective education to prevent infection with HIV and other STIs demands frank discussion of sexuality. However, sexual health attitudes, beliefs, and behaviors are sensitive subjects in many communities and among many people. Moreover, sexuality attitudes, beliefs, and behaviors vary widely among cultures. Understanding cultural beliefs about a range of sexuality issues is critical to providing effective prevention education.

A useful definition of culture is *the body of learned beliefs, traditions, principles, and guides for behavior that are commonly shared among members of a particular group.* With this important definition in mind, it is easy to understand why health educators must take cultural issues into account. It is easy to understand why they must acknowledge and understand culture when presenting information to young people. This means acknowledging and understanding youth's language and ethnic background, sexual orientation, and youth culture itself.

This is why peer education is often so much more successful than more traditional teaching styles. The presenters are the peers of the audience. They understand and frequently share the beliefs and attitudes of their audience. Ideally, peer educators will be about the same age and from the same culture as the members of their audience. They will *speak the same language*. In a multicultural setting, a team of peer educators could represent the various cultural backgrounds of the audience. In all cases, peer educators need to be culturally sensitive to the audience. Participants can more easily understand HIV/STI prevention messages when they hear them from someone who uses the dialect, phrases, and examples familiar to them. This is why planners must consider cultural factors *early* in planning programs.

The Importance of Culture

Increasingly today, people come into regular contact with others from different cultures. It is important to learn to talk with people who do not share a common "language," even when all are speaking English or French or Spanish.

Each person participates in at least one culture, and most are products of several cultures. Each culture has its own language and its own spoken and unspoken rules of conduct. These rules define what is and is not accepted as the norm. The first step in dealing competently with people of different cultural backgrounds is to be clear about one's own cultural background – one's own particular parameters and how they affect, define, and **limit** one's worldview.

Issues that cloud and complicate discussions of culture include age, gender, political differences, geographic boundaries, religious differences, language, speech patterns, sexual orientation, immigration status, and racial/ethnic distinctions. These complicated issues are woven into the fabric of culture and may complicate people's attempts to understand one another. Yet, understanding and valuing cultural differences is critical to success in health education. In fact, health educators – whether adults or teens – need more than cultural awareness or cultural sensitivity; they need cultural competence.

Being culturally competent is far more than being sensitive to ethnic differences. It is more than the warm, fuzzy feeling of loving and caring for neighbors. In the context of health education for youth, acquiring cultural competence can be considered as a four-step, ongoing model of learning about:

- Culture and important cultural components
- One's own culture and its cultural assumptions and values as well as one's perspectives on them
- Individual youth with whom one works
- The cultural backgrounds of these youth.

Cultural competence is a long-term goal. In the end, a culturally competent person exhibits particular beliefs and attitudes, knowledge, and skills.

Why is cultural competence important? Culture serves as a road map both for perceiving and for interacting with the world. Because each culture has its own understanding of health, including sexual health, recognizing and dealing appropriately with cultures is a vital part of any successful effort to influence the sexual health beliefs and behaviors of youth.

Cultural Competence

Culturally Competent Beliefs and Attitudes

- Being aware of and sensitive to her/his own cultural heritage
- Respecting and valuing different heritages
- Being aware of her/his own values and biases and how they affect perceptions of other cultures
- Feeling comfort with differences between cultures' values and beliefs
- Being sensitive to circumstances (personal biases, ethnic identity, political influence, etc.) that necessitate assistance from a member of a different culture when interacting with another member of that culture.

Culturally Competent Knowledge

- Understanding the power structure in society and how non-dominant groups are treated
- Having specific knowledge and information about the particular group(s) with which she/he is working
- Being aware of institutional barriers that prevent members of disadvantaged groups from using organizational and societal resources.

Culturally Competent Skills

- Generating a wide variety of verbal and nonverbal responses when dealing with differences
- Sending and receiving both verbal and nonverbal messages (body language) accurately and appropriately
- Intervening appropriately and advocating on behalf of people from different cultures.

Each culture has its own images, stories, myths, and traditions that can contribute to effectively imparting important information. Lack of sensitivity to cultural norms can embarrass and offend an audience and can sabotage HIV/STI prevention education efforts. In particular, important components of communication which may help or hinder HIV/STI prevention education include language, slang, body language, communication styles, health beliefs, family relationships, gender roles, religion, degree of acculturation, immigration status, political power, poverty, economic status, racism, and a history of oppression.

Dealing honestly with sexuality is central to any effective discussion of HIV and other STIs, but it must be done in a way that is culturally appropriate for the audience. In other words, appropriately presenting information and leading discussions requires identifying and considering the characteristics of participants' cultures. Participants' gender and sexual orientation, as well as their racial/ethnic differences will all have an impact on the presentation – how it is made, how it is heard, and what it accomplishes or fails to accomplish. Therefore, those involved in HIV/STI prevention education will be more effective when they understand the interplay of the cultures in the community.

Take, for example, the issue of condoms and some cultural roadblocks to their use in different communities:

- Some young men – seeing their ranks decimated by violence, death, and prison and feeling hopeless about the future – see no reason to use condoms.
- Some young women – having little power in negotiating sexual relationships, and having few options socially, sexually, and economically – see themselves as having no power to insist on condom use.
- Some gay, lesbian, bisexual, and transgender (GLBT) young people – seeing themselves

condemned by church, community, and family – have a sense of worthlessness and disregard life-affirming and lifesaving behaviors, such as condom use.

- Some ethnic groups – seeing the group as attacked by the dominant culture – see the dominant culture's insistence on condom use as attempts at genocide.

Oppression: Racism and Homophobia

Any program that attempts to deal responsibly with issues of culture must also confront racism and homophobia (hatred based on sexual orientation). Racism and homophobia are two types of oppressive prejudice that can have a tremendously negative impact on young people in any program. Research shows that racism seriously harms young people who are its targets – especially if their families do not help them cope with racism. Homophobia seriously harms youth who are gay, lesbian, and bisexual. These youth frequently contend with verbal and physical abuse, with being ignored and/or ostracized, with violence and discrimination – all of which adversely affect their self-esteem, self-confidence, and hope for the future. Research also shows that racism and homophobia negatively affect youth who feel and act in racist and homophobic ways but who are targets of neither racism nor homophobia. For example, youth who have homophobic attitudes may fail to protect themselves during sexual intercourse because they believe HIV only affects gay males.

Racism

Racism couples **prejudice** and **power**. Prejudice is having a negative attitude about other people and cultures based simply on the difference between them and one's own group. All people should guard and contend against their own prejudiced attitudes. However, racism is prejudice that is specifically linked with power. Coupling prejudice with power creates an effect that is far greater than that arising when an individual feels prejudiced against people of other cultural groups.

When *any* one cultural group dominates other cultural groups, that group inevitably sets up procedures and defines what is good, normative, appropriate, and civilized through its cultural lens.The dominant group informally maintains some standards through social custom, common practice, and ritual, while it maintains others formally and legally through laws and institutions of power, such as the police and the armed forces.

In the United States, the largest population group throughout the 20th century was descended from northern European whites. This group defined and set cultural norms, usually to the exclusion and detriment of other racial/ethnic groups and cultures. Cultural dominance and the resulting subordination of other cultures has meant great hardship and suffering for Native Americans, African Americans, Latinos, and Asian Americans. Successfully designing a health education program involves honestly considering the impact of racism *and* building equitably upon the cultures of *all* the youth targeted by the program.

Homophobia

A second area of conflict and confusion in U.S. culture today, with which TAP coordinators *must* be prepared to deal, is homophobia – hatred and fear of people based on their sexual orientation. Bigots sometimes blame gay people in the United States for the HIV/AIDS epidemic and instigate violence against GLBT individuals. The United States' largely heterosexual culture at times promotes intolerance of GLBT individuals.

The TAP coordinator should be aware that some of the young people in the group may self-identify as GLBT or may be questioning their sexual orientation. These youth are extremely vulnerable to emotional damage from homophobic statements by their peers and/or from adults as well as to the verbal and physical abuse that such statements may encourage. The TAP coordinator should support *all* youth by refusing to tolerate homophobic statements. Adults can also help GLBT youth and young people who are questioning their sexual orientation by providing information about appropriate community resources. Additionally, discussing sexual orientation and homophobia will help teens to clarify their personal values and bring

their actions into consonance with those values. The teen, for example, whose personal values include caring about and respecting *all* people, will be able to understand that homophobia violates his/her own personal values. The TAP coordinator also needs to emphasize consistently that one's behavior – not one's sexual orientation – puts one at risk for HIV/STI infection.

Building a successful HIV/STI prevention education program means acknowledging, addressing, and confronting the darker side of human behavior – prejudice and oppression, racism and homophobia. Even more, building a successful HIV/STI prevention education program means acknowledging and building upon the positive health beliefs and attitudes of the cultures of *all* the young people participating in the program. By valuing, incorporating, and celebrating cultures' positive health beliefs and attitudes, and by confronting and addressing racism and homophobia, program coordinators can help youth achieve better health and create better programs for their peers.

3. Reaching Members of All Populations of Youth Is Critical to Being Effective.

The TAP coordinator must address and tailor his/her educational approach to the needs of the group. Youth embody a range of cultural backgrounds and sexual orientations, and the TAP training must directly address the needs of each TAP member. In addition, some youth will represent multiple minority categories (e.g., gay Latino immigrant). These youth may feel as if they must choose between these groups. They need to know that is not so – their distinct needs as gay youth, Latino youth, and immigrant youth, for example, will all be met.

GLBT Youth

A national survey by the Kinsey Institute estimated that about 10 percent of the population is gay. The survey of 6,000 adolescents and adults discovered that 37 percent of the male population had at least some overt homosexual experience and that 10 percent of these males were exclusively homosexual.[1] GLBT youth are perhaps one of the most hidden and most scorned of youth groups. Many GLBT youth who are *out* about their sexuality face conflict with their families and friends. Those who are *closeted* face internal conflict over their self-identified sexual orientation and their pretended heterosexuality. Few schools or community-based youth-serving agencies provide programs designed specifically for GLBT youth. Since many of these institutions remain ignorant about and fearful of GLBT people, these youth remain isolated and silent in society. The TAP coordinator's job is to educate him/herself first, then to educate TAP members, and finally to educate his/her colleagues about what being a GLBT youth means.

Due to the general homophobic atmosphere of many American cultures, GLBT youth are at greater risk than other youth for a variety of health and social problems, including physical and emotional abuse, suicidal thoughts and attempts, suicide, and drug use.

- Gay youth are two to three times more likely to attempt suicide than other young people.[2]
- Many GLBT youth face rejection from their families. In a runaway shelter in San Francisco, gay and lesbian youth reported a high incidence of verbal and physical abuse from their parents, siblings, and peers.[2]
- In a survey of 29 gay and bisexual male teenagers, the majority of youth experienced school problems related to sexuality, substance abuse, and/or emotional difficulties that warranted mental health intervention. Half of those surveyed reported a history of sexually transmitted diseases, running away from home, or conflicts with the law.[3]
- Many GLBT youth turn to drugs and alcohol as a coping mechanism to deal with the social isolation they experience. Approximately 30 percent of lesbian and gay youth have problems with alcoholism.[2]
- Gay and lesbian youth comprise as many as 25 percent of all youth living on the streets in the United States.[2]

It is particularly important to reach young men who have sex with men (YMSM) with HIV/STI prevention activities. Some of these youth self-identify as gay or as bisexual; some do not. They are especially vulnerable to HIV/STI infection because social stigma and the lack of a peer group often lead them to

socialize with older men who have higher rates of infection. The TAP coordinator should consider inviting an expert from the community to conduct a session on homophobia and HIV/STI prevention issues specifically relating to YMSM.

Latino Youth

Latino youth represent a variety of cultural and linguistic heritages, and for this reason, it is important for the TAP coordinator to understand how language, culture, acculturation, and religion may interact with the TAP approach to HIV/STI prevention education. The TAP coordinator should not assume that all Latinos speak Spanish – many come from families that have resided in the United States for many generations. Many speak only English. Others speak several languages that may or may not include Spanish. On the other hand, Latino youth whose families have quite recently immigrated to the United States may be able to communicate best in Spanish. The TAP coordinator should also not assume that all Latinos speak the same dialect of Spanish – Mexicans, Puerto Ricans, and El Salvadorans, for example, all speak different and distinct Spanish dialects. Thus, the TAP coordinator must learn the linguistic needs of the TAP members and choose appropriate educational materials, pamphlets, posters, and videos for the group. TAP groups located in Latino communities should design materials in a form of Spanish that will be clearly and easily understood by the youth in the target community.

Approximately 85 percent of Latinos are Catholic. Catholic youth may have difficulty discussing topics like safer sex, sexuality in general, and homosexuality. Some Catholic youth may feel comfortable and open-minded about these issues. However, they may return after the TAP session to families where these topics are not discussed. The TAP group should reach consensus on the prevention messages it will communicate to other youth in the community. During this process, the group should also agree to respect differing opinions.

Latino youth urgently need to understand that HIV/AIDS is a problem for Latino communities. Latinos in the United States disproportionately number among HIV/AIDS cases. For example, while Latinos constitute about 11 percent of the U.S. population, they account for about 18 percent of all reported AIDS cases.[4] The TAP coordinator should encourage Latino TAP members to design educational activities that will reach their Latino friends. Currently, culturally sensitive and age-appropriate HIV/STI prevention materials for this community are scarce.

African American Youth

African American youth, like Latino youth, represent diverse cultural and socioeconomic backgrounds. Thus, the TAP coordinator may need to assess the needs of these youth in order to implement an appropriate educational approach to the TAP training. African American youth vary as much as do white and Latino youth. For example, those from different geographic locations will have different needs. African American, inner-city youth will probably experience violence and drug- and gang-related pressures while their suburban and rural counterparts may not. Some African Americans are immigrants, and for many immigrants, English is not their first language. The TAP coordinator should identify HIV/STI prevention materials that best meet the needs of African American youth in the TAP group.

The role of the church and/or mosque is central in many African American communities. In some communities, churches and mosques are important partners in HIV/STI prevention education. However, many African American faith communities have yet to become fully involved in prevention and education efforts. Some African American youth may feel uncomfortable with open discussion of sexuality issues, including topics such as sexual orientation, gender identity, contraceptives, and effective HIV/STI prevention methods. The Values Clarification activity (Session 2, Activity B) will allow all participating youth

to discuss their feelings and beliefs about these issues as well as help them to recognize the diversity of values held by their peers.

African Americans disproportionately number among HIV/AIDS cases. While African Americans constitute 13 percent of the total population, they account for 36 percent of all reported AIDS cases. Because many African Americans perceive AIDS to be a disease of white, gay males, they have been slow to respond to the epidemic with effective HIV/STI prevention programs. Many African Americans, with strong memories of the infamous Tuskegee syphilis study of the mid-1900s, suspect that HIV prevention is a white conspiracy to limit black births and/or that AIDS is a genocidal disease unleashed on African Americans by whites. The TAP coordinator must be sensitive in dispelling young people's misconceptions and should reaffirm his/her concern for the youth and their safety in order to build their trust. Nevertheless, the TAP coordinator will need to recognize and address current beliefs and myths among African American youth if they are to become effective HIV/STI prevention peer educators.

Asian Pacific Islanders and Native American Youth

Asian Pacific Islanders (API) and Native Americans in the United States have lower numbers of AIDS cases than African Americans and Latinos. However, within certain risk behavior categories, their AIDS case rates are increasing. API and Native American youth represent diverse cultural backgrounds. Members of either group may speak any of a large number of languages, or they may speak only English.

Reaching these populations is especially important. A study of API college students found that 87 percent reported not using a condom during each act of sexual intercourse.[7] While most HIV/STI prevention programs targeted towards API populations focus on youth,[8] few build sexual negotiation skills, in part due to cultural discomfort with frank discussions about sex and illness within API communities.[7] In addition, acculturation status plays a major role in risk behavior and access to health services and information. API youth who have recently immigrated to the United States often have difficulty accessing information and services.

Research demonstrates that many Native American youth are not using condoms and that Native American males are more likely to have had sex than are non-Native American teenagers.[8,9] Current prevention programs for Native American youth may be less effective than in other communities, and Native American youth urgently need culturally specific prevention programs.

For more information on culturally specific HIV/STI prevention education, check with the following organizations:

1. Advocates for Youth utilizes the skills and enthusiasm of young Web activists to create communities of GLBT youth, Latino GLBT youth, HIV-positive youth, young women of color, and peer educators. Its Web sites provide online information, assistance, and support. (www.youthresource.com, www.ambientejoven.org, www.youthHIV.org, www.sistahs.org, and www.youthshakers.org or phone 202.347.5700)
2. The Asian and Pacific Islander Wellness Center's mission is to educate, support, empower and advocate for Asian and Pacific Islander communities – particularly Asian and Pacific Islanders living with or at-risk for HIV. (www.apiwellness.org or phone 415.292.3400)
3. The NAACP has a principal objective to ensure the political, educational, social and economic equality of minority group citizens of the United States. The NAACP is committed to non-violence and relies upon the press, the petition, the ballot and the courts, even in the face of overt and violent racial hostility. (www.naacp.org or phone 410.521.4939)

4. The National Association of People With AIDS (NAPWA) advocates on behalf of all people living with HIV and AIDS in order to end the pandemic and the human suffering caused by HIV/AIDS. NAPWA's web site is devoted to its ongoing mission to educate, inform, and empower all people living with HIV and AIDS. (www.napwa.org or phone 202.898.0414)
5. The National Council of La Raza (NCLR) works to reduce poverty and discrimination, and improve life opportunities, for Hispanic Americans. NCLR work towards this goal through two primary, complementary approaches: (1) capacity-building assistance to support and strengthen Hispanic community-based organizations and (2) applied research, policy analysis, and advocacy. (www.nclr.org or phone 213.489.3428)
6. The National Minority AIDS Council is the premier national organization dedicated to developing leadership within communities of color to address the challenge of HIV/AIDS. (www.nmac.org or phone 202.483.6622)
7. The National Native American AIDS Prevention Center's mission is to stop the spread of HIV and related diseases among American Indians, Alaska Natives, and Native Hawaiians and to improve the quality of life for members of our communities infected and affected by HIV/AIDS. (www.nnaapc.org or phone 510.444.2051)
8. The National Youth Advocacy Coalition's mission is to advocate for and with young people who are lesbian, gay, bisexual, or transgender in an effort to end discrimination against these youth and to ensure their physical and emotional well being. (www.nyacyouth.org or phone 202.319.7596)
9. The U.S.-Mexico Border Health Association promotes public and individual health along the United States-Mexico border through reciprocal technical cooperation. It focuses its technical cooperation resources on information dissemination on border health issues and the creation of effective networks. (www.usmbha.org or phone 915.833.6450)

4. Creating a Safe and Hospitable Environment Is Essential.

Creating an hospitable environment begins even before TAP members come to the first session. Indeed, unless the invitation is hospitable, there will be few participants! Advertising should indicate in what language(s) the program will be conducted and whether or not translators will be available. Announcements should include information about the availability of services for those with special physical needs, such as signers for deaf youth.

Using mail may not be the best way to reach and interest parents and young people. In some communities and in some cultures, the TAP coordinator may find that having personal contact with parents and young people is beneficial and even necessary to recruit participants.

When designing a program for HIV/STI prevention education, the TAP coordinator should consider the environment in which the program is to take place. Discussing difficult topics is easier when the participants are in an inviting, comfortable, and safe environment. What helps provide a safe, inviting environment?

- Attractive and easily understood promotional materials
- Adequate notice so prospective participants can arrange their schedules to fit the program
- A telephone number for questions regarding the program
- A private room
- A room large enough for the expected number of participants and for breaking into small groups
- Comfortable temperature and fresh air
- Refreshments – even if this is only fresh water and paper cups
- Nametags, tissues, and other important supplies
- Speaking platform visible to all participants
- Sufficient materials for all participants, such as paper, pens/pencils, copies of program

- Clear, correct, and understandable visual aids
- Time to permit participants to pursue an activity that is of interest to them, such as creating a closing skit
- A suggestion/comment box to permit individuals to ask questions or give comments anonymously
- Constant awareness that some participating youth may already have been adversely affected by the HIV epidemic.

Taking care of these details will help to ensure that participants are comfortable during the program. Details like these are especially important when participants may be uneasy and/or uncomfortable during discussion of some topics.

Caring about participants' needs is a *plus* that will minimize discomfort and assist receptivity. Other details that will make a program and space more hospitable include:

- Clear signs directing participants to restrooms, telephones, and other amenities
- Quiet spaces for youth to use if they need to be alone or to reflect quietly
- Child care or a parallel track for children during the program to facilitate young parents' involvement in the program
- Transportation vouchers and/or maps and directions to public transportation
- Scheduling that is convenient for the participants
- Attention to special dietary and/or medical needs of participants. (For example, youth who are diabetic may need to eat at very regular times regardless of what is happening in the program at the time.)

Making hospitality a priority will help coordinators to create an environment that enhances youth's ability to learn and to assume responsibility and leadership in the program.

5. Using Appropriate Language Can Help Ensure the Program's Success.

A subtle, yet powerful way to ensure the program's success is to change the language used to define teens' sexual behavior. Traditionally, teens who have had sexual intercourse within the recent past are described as being *sexually active*. Indeed, interviews and surveys designed to discover whether or not a teen is having sexual intercourse often ask – *Are you sexually active?*

This terminology eliminates nearly the entire range of sexual expression, from fantasy and social interaction, to touch and kissing. Sexuality has been narrowed down to only sexual intercourse. All other sexual behaviors become less than *the real thing*. The message sometimes conveyed to teens is that *only* sexual intercourse constitutes the behavior of a sexually active person. Even more, some research suggests that many teens consider only vaginal intercourse to be *the* act that counts. Oral intercourse, for example, is less than *the real thing* to these youth. When information about a youth's sexuality pertains to the specific act of sexual intercourse, that should be the phrase used. In fact, coordinators may want to continually emphasize that "sexual intercourse" is a concept that includes vaginal, oral, and/or anal intercourse.

Reframing and expanding the concept of sexual activity to include the entire spectrum of behaviors and feelings that expresses sexuality and sensuality acknowledges the importance of all these behaviors and feelings. A broader definition of sexual activity permits youth to explore those behaviors that are less risky for teens. The Circles of Sexuality activity has been added to this guide to help youth understand the wide range of feelings, thoughts, and actions that constitute sexuality and that, therefore, describe a sexual being.

Teenagers need clear information about the sexual behaviors that place them at risk for HIV/STI infection. This can be one of the most difficult and important tasks that leaders undertake. Because most teenagers experiment with some types of sexual behavior, however, educators can help teens understand which ones are high-risk, which are low-risk, and which are risk-free.

Throughout the training, this guide uses the term *all types of sexual intercourse*. This phrase refers inclusively to oral, vaginal, and anal intercourse. None of these behaviors in and of itself puts a person at risk for HIV infection. Rather, the behaviors are risky when they involve a partner whose HIV antibody status is positive, unknown, or falsely assumed to be negative. Even when the HIV antibody status of both partners is known and negative, partners still may be at risk of other STIs and/or of unintended pregnancy. Moreover, infection with some STIs which cause open sores, such as herpes and syphilis, can increase an individual's risk for HIV infection.

Although *mutual monogamy* between uninfected partners is generally considered to be a safer sexual behavior, this is an inappropriate prevention message for many teens. Mutual monogamy refers to a situation in which two people have sex *only* with each other within an enduring relationship. However, when teens discuss monogamy, they usually mean something different. They usually mean a mutually faithful relationship which will last anywhere from two weeks to a year or more and will then be followed by another relationship, and that one by another. Many teens rely on the safety of such relationships – *serial monogamy*. This is not the same as *mutual monogamy*, and teens are at risk for HIV/STI if they have unprotected sexual intercourse with a partner who has been infected during another relationship. Mutual monogamy may be difficult to achieve before people reach mature adulthood, and even then it may continue to be an issue of serious concern.

Addressing Sexual Expression

Educators can help teens understand that there are many ways to express sexual feelings. Some of these ways place teens at no risk for an unplanned pregnancy or HIV infection. Talking, kissing, whispering, hugging, singing, dancing, and holding hands are all safe ways to show and receive affection from a partner. Touching, fantasizing, caressing, massaging, and masturbating are also safe ways to express sexual feelings. Teens should know that sexual behaviors that include abstinence from all types of sexual intercourse – oral, vaginal, and anal – are free of the risk of HIV infection. [Some sexual behaviors that include abstinence from all types of sexual intercourse may, however, involve a risk of STIs if they occur with an infected partner. For instance, several STIs can be transmitted during a kiss with a person who has an open chancre (sore) on or in his/her mouth.]

Strategies to encourage youth to delay initiating sexual intercourse are an important component of HIV/STI prevention education. Teens should know that sexual intercourse is not the only way to give or receive pleasure or to share in intimacy. Young people need to feel free to express affection through nongenital activities.

While it is important to encourage youth to defer sexual intercourse until it is right for them, educators need to be realistic about the number of teens in their programs who are already having sexual intercourse. According to national statistics, in a group of 17-year-old teens, less than half of the young people are likely never to have had sexual intercourse. Moreover, according to one recent study, many youth who have had oral and/or anal sexual intercourse define themselves as *virgins* because they have never had vaginal intercourse.[10] In some communities, 12 is the average age at which young males have first sexual intercourse. Any youth that engages in risky sexual behaviors needs explicit information about how to protect him/herself and a partner.

Discussing Safer Sex

Safer sex is a term commonly used to describe the use of a latex condom or other latex barrier (such as a dental dam) to prevent HIV/STI infection during oral, vaginal, or anal intercourse. Leaders can help teenagers who engage in sexual intercourse to understand their risk of becoming infected and how to practice safer sex. Any type of sexual intercourse between two *uninfected* partners is safe from the risk of HIV infection. The difficulty is that most people, teenagers *and* adults, do not know if they are infected with STIs, including HIV. "Knowing someone well"

or "asking your partner about HIV/STIs" is an unrealistic way for teens to assess potential risk of HIV/STI infection. Teens need to understand that it is impossible to tell if someone is infected with HIV/STIs just by looking at him/her and that many infected people do not know they are infected.

Latex condoms, when used consistently and correctly, have been proven to be an effective barrier to HIV transmission in the laboratory. However, condoms can break or leak and, therefore, are not 100 percent effective against the spread of HIV/STIs or for the prevention of pregnancy. It is important to recognize that most condom failure rates are attributed to improper use – human error. Condoms offer the best protection available for people who are going to have intercourse with a partner whose antibody status is unknown.

Teens also need to understand that, for best protection against unintended pregnancy and infection with HIV and other STIs, heterosexual partners should use a dual method – a latex condom *and* another effective contraceptive method, such as the pill, implants, Depo-Provera, or the diaphragm. They must also understand that only condoms provide protection against infection with HIV and other STIs. The pill, implants, Depo-Provera, the diaphragm, and the IUD (intra-uterine device) provide *no* protection against HIV and other STIs.

Use of emergency contraceptive pills, the "morning-after pill," is rising in the United States. Emergency contraception provides pregnancy prevention *after* unprotected intercourse and when a regular contraceptive method fails. However, teens need to be reminded that although emergency contraception can effectively prevent most pregnancies, it offers *no* protection against HIV or other STIs.

Again, in preparing to teach teens about HIV/STI prevention, the leader will have many opportunities to reassess his or her personal beliefs and values. The leader should clarify his/her own beliefs and values and, if necessary, seek outside assistance and support.

6. Empowering Youth Means Assisting Youth in Developing Their Leadership Skills.

In addition to providing information and teaching skills to protect youth from HIV/STI infection, the TAP coordinator will be working to empower youth to feel comfortable in imparting HIV/STI prevention information to their friends and developing educational activities. Young people gain more from an experience when they are actively involved. From the beginning of the program, TAP members should take part in decisions about the program. In addition, involved youth should be aware of the budget as they begin to develop activities that may require funding. This will enable youth to understand how funding relates to programming. Moreover, when the money runs low, they can assume some fundraising responsibilities, such as sponsoring activities to raise money or approaching local businesses for donations.

Effective youth involvement requires serious commitment on the part of all individuals at every level of an organization. Adults who intend to fully integrate involved youth into the program must address the organizational culture and structures that make youth involvement easy or difficult. For example, the organization may need to redefine its business hours or to modify some meeting spaces. Both adults and young people will need to examine their communication styles before they can forge effective partnerships. Effective youth involvement in prevention programming often means changing the rules. However, the rewards are large. When youth are truly involved in decisions about program design, development, implementation, and evaluation, they are able to ensure that the program is relevant and responsive to adolescents' interests and needs.

The essence of youth involvement is a *partnership* between adults and young people. Effective youth/adult partnerships work toward solving community problems. Working partnerships also acknowledge the contributions of all participants – youth and adults. In theory, creating such partnerships sounds good and makes a lot of sense, but putting such a partnership into practice is not always easy.

Power dynamics, usually rooted in cultural norms, may make it difficult for young people and adults to feel comfortable working together. Years of formal instruction in school often teach young people to expect answers from adults. Some youth expect adults to largely ignore, deride, or veto youth's ideas. Adults frequently underestimate the knowledge and creativity of young people. Adults are also accustomed to making decisions without input from youth, even when youth are directly affected by those decisions. Therefore, joint efforts toward solving problems can be difficult, requiring deliberate effort on the part of both adults and young people.

One researcher developed the Spectrum of Attitudes theory and identified three different attitudes that most adults hold toward young people.[11] These attitudes affect adults' ability to believe that young people can make good decisions. These attitudes also determine the extent to which adults may be willing to involve young people as significant partners in decisions about program design, development, implementation, and evaluation. The three attitudes represent seeing youth as 1) objects, 2) recipients, or 3) partners. Page 43 offers a summary of the attitudes.

The TAP coordinator should be aware of how and what he/she communicates to teens about his/her own ideas. Subtly negative reactions may suppress youth's energy and commitment to the project. If the TAP coordinator completely disagrees with a proposal put forward by youth which is a viable, acceptable, and educational approach, he/she should encourage the youth to proceed. For many adults, accepting even while disagreeing with youth's ideas can be the most challenging aspect of a peer education project. Overall, the more responsibility youth assume while receiving proper direction from adult leaders, the more successful the TAP program will be.

Objective 4. Recruiting Youth Who Will Become TAP Members

The TAP coordinator can recruit TAP members through a variety of mechanisms, including word of mouth, flyers, applications, and interviews. Outreach should portray the program in a way that will stimulate excitement and interest. During its first year, recruitment may depend on teachers, community members, and youth workers who can identify and enlist youth. After the TAP program has become established, TAP members themselves will be most successful at recruiting other teens into the project. Since they can speak from personal experience, they can interest their peers in the project.

Before beginning recruitment, leaders should consider the requirements for participation. Successful program leaders recommend that planners not limit participation to, nor seek out and recruit, academically high achieving youth because many other teens will not see them as peers. Planners should seek youth who have a variety of abilities, talents, and backgrounds. Some of these youth will be high achieving academically; most will not. During the TAP pilot-test, schools that participated required that members have parental permission and maintain at least a C-average. Youth-serving agencies recruited youth who were interested in HIV/STI prevention and exhibited leadership ability.

Information from the needs and assets assessment will be useful in helping planners identify the target population to reach with the HIV/STI prevention messages. Planners should then recruit youth that resemble the target population in race/ethnicity, gender, language, sexual orientation, and cultural heritage. The circumstances of the sponsoring organization, rather than the urgent needs of a particular population, may define the group to target. For example, in a school, the target population may be as the entire student body or particular grades. A youth-serving agency may target youth from a certain neighborhood or all youth that participate in the programs offered by the agency.

Consider how many youth should be in the TAP group. A group of 10 to 15 will be both flexible and manageable. During the program year, some members will probably dropout for various reasons. This is normal for many peer education groups.

Spectrum of Attitudes[11]

Youth as Objects

Adults who have this attitude subscribe to the myth of adult wisdom. They believe adults know what is best for young people. They attempt to control situations in which young people are involved. They believe that young people have little to contribute. Further, they may feel the need, based on their own prior experiences, to protect young people from suffering the potential consequences of mistakes. Adults who see youth as objects seldom permit more than token youth involvement and usually have no intention of meaningfully involving youth. One example might be an adult writing a letter to an elected official about an issue pertinent to youth and using a young person's name and signature for impact.

Youth as Recipients

Adults who have this attitude believe that adults must assist youth to adapt to adult society. They permit young people to take part in making decisions because they think the experience will be good for them and assume that youth are not yet "real people" and need practice to learn to "think like adults." These adults usually delegate to young people trivial responsibilities and tasks that the adults do not want to undertake. Adults who see youth as recipients usually dictate the terms of youth's involvement and expect young people to adhere to those terms. One example might be adults extending an invitation to one young person to join a board of directors otherwise comprised solely of adults. In such a milieu, a young person's voice is seldom raised and little heard. Adults do not expect the young person to contribute, and the young person knows that adults deliberately retain all power and control.

Youth as Partners

Adults who have this attitude respect young people and believe that young people have significant contributions to make now. These adults encourage youth to become involved and firmly believe that youth involvement is critical to a program's success. These adults accept youth's having an equal voice in decisions. They recognize that youth and adults both have abilities, strengths, and experience to contribute. Adults who have this attitude will be as comfortable working with youth as with adults and enjoy an environment with both youth and adults. Adults who see youth as partners believe that genuine participation by young people enriches adults' just as adult participation enriches youth and that a mutually respectful relationship recognizes the strengths that each offers. One example might be hiring a young person to participate from the beginning in developing a proposal to be submitted to a funding institution.

After defining the target population, requirements for TAP members, and the number of peer educators needed, planners should circulate flyers, talk with community leaders, pass out applications, and set up interviews. The coordinators and other involved youth and adults should allow at least six weeks for recruitment in a community-based agency and at least two or three weeks in a school or organization with consistent access to the target population.

Permission Slips

Some schools and community-based programs require that participating youth have parental permission. Signed parental permission forms ensure that parents are informed about and approve of young people's participation. Moreover, permission slips protect the program from potential problems with parents who may not understand or approve of a young person's involvement in TAP. For groups that work with undocumented, runaway, homeless, or street youth or with gay, lesbian, bisexual, and transgender (GLBT) youth, parental permission slips may not be needed. A sample permission slip is included at the end of this chapter and in the Appendix.

Endnotes:

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9. Edwards S. Among Native American teenagers sex without contraceptives is common. *Family Planning Perspectives* 1992;24:189-191.
10. Schuster MA, Bell RM, Kanouse DE. The sexual practices of adolescent virgins: genital sexual activities of high school students who have never had vaginal intercourse. *American Journal of Public Health* 1996;86:1570-1576.
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Sample Permission Slip

I, _____ (name of parent/guardian), give my permission for my son/daughter _____ (name of student) to participate in the TAP / HIV/STI Prevention Peer Education program at _____ (agency/school). I understand that he/she will be learning facts about HIV and other STIs and skills for protecting him/herself and that he/she will participate in designing an educational campaign for other youth. I understand that the TAP group will meeting on _____ (days of the week) and _____ each week from _____ (time) to _____.

_____ (parent/guardian's signature)

_____ yes _____no I am interested in receiving some HIV/STI prevention materials.

_____ yes _____no I may be available and willing to drive TAP members to conferences, meetings, or presentations.

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3. Encourage sexually active teens to limit the number of their sexual partners.

Teens need to understand that the serial monogamy practiced by many sexually active teens is not the same as the committed monogamous relationship that prevention experts recommend. Few teens are ready or able to enter a lifelong, committed, monogamous relationship, and teens needs to practice safer sex by using condoms consistently and correctly with each and every sexual partner. Limiting the number of their sexual partners also reduces their sexual risk.

4. Eliminate misinformation about HIV/STI and promote compassion for people living with HIV or AIDS.

Teenagers often lack specific knowledge about AIDS and the transmission of HIV. Communities and school districts continue to confront unfounded fears about HIV infection and AIDS. Misinformation causes family and friends to shun people living with AIDS as well as the people who care for them. Education reduces these fears by providing factual information about the disease and helps foster compassion for people living with HIV or AIDS. TAP also gives youth the accurate knowledge they need to become good peer educators.

5. Promote adolescents' understanding about the associations between drug use and sexual risk-taking behaviors and encourage teens to abstain from injection drug use.

All HIV/STI prevention programs should warn teens about the potential effects of using drugs such as alcohol, marijuana, and especially injection drugs. The widespread use of alcohol by young teens indicates that teens need to learn about the effects and health consequences of alcohol use, binge drinking, and alcoholism. Teens need opportunities to practice refusal skills. Youth need to understand that risk behaviors – including unprotected sexual intercourse and drug use – are often reported by the same youth, not necessarily as cause and effect, but as associated risk behaviors. Youth should understand that alcohol and other drugs might impair their ability to make good decisions in sexual situations. Teens need to know that some drugs may suppress the immune system and that sharing any kind of needle puts them at great risk of becoming infected with HIV.

6. Finally, TAP builds a sense of empowerment in participating youth and assists TAP members to gain the skills they need to educate their peers.

When given freedom and support, the TAP members will develop innovative and creative approaches to educating their peers. With support from the TAP coordinator, the youth will brainstorm activities and develop those that will work with their peers to reduce fear and misinformation, encourage delay in the initiation of sexual intercourse, promote condom use among teens who are having sexual intercourse, and deter injection drug use. TAP members will put their ideas into action after the training.

Training Objectives

The training objectives for TAP members will include those defined by the individual TAP program. Training objectives will also include the following:

- Increasing knowledge and eliminating misinformation about human immunodeficiency virus (HIV) and other sexually transmitted infections (STIs) and acquired immune deficiency syndrome (AIDS)
- Identifying ways to prevent transmission of HIV, including
  - a) Abstaining from sexual intercourse
  - b) Abstaining from injection drug use
  - c) Adopting safer sex behaviors, including consistent and correct condom use
- Developing compassion for people living with HIV/AIDS
- Increasing skills in communication and resistance to peer pressure
- Developing skills at making decisions

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Training Overview

Session	Exercise Title	Purpose
Session 1		
Activity A	Find Someone Who ...	Learning about one another
Activity B	Introduction to TAP	Understanding the program
Activity C	Pretest	Collecting baseline data
Activity D	Video about HIV/AIDS	Building a common base of knowledge
Activity E	TAP Contract	Defining commitment to the program
Activity F	TAP Ground Rules	Developing ground rules to provide safety for all participants
Activity G	Tee Shirt Symbols – Homework	Identifying personal skills, abilities, and interests and building self-esteem
Session 2		
Activity A	Tee Shirt Symbols – Discussion	Learning about each other and building teamwork
Activity B	Values Clarification	Identifying personal values and building comfort with different values
Activity C	Question Cards – Preparation	Identifying information needs around HIV/AIDS
Session 3		
Activity A	Question Cards	Filling information gaps
Activity B	News about HIV/AIDS	Learning sources of information about HIV/AIDS
Session 4		
Activity A	HIV Transmission Game	Learning about HIV transmission and clarifying values
Activity B	Circles of Sexuality	Understanding the breadth of human sexual expression
Activity C	Rating Behaviors	Learning about risk reduction behaviors
Session 5		
Activity A	Password	Becoming comfortable with HIV/AIDS language
Activity B	Defining Sexual Abstinence	Clarifying personal & community values
Session 6		
Activity A	Reproduction 101	Gaining understanding of the body
Activity B	STI Basketball	Gaining knowledge of STIs
Session 7		
Activity A	ABC Diversity	Exploring values and stereotyped thinking
Activity B	Definition of Culture	Exploring the consequences of devaluing diversity
Activity C	Condom Hunt – Homework	Learning about barriers to condom use
Session 8		
Activity A	Condom Hunt – Discussion	Identifying barriers & access to condom acquisition
Activity B	Condom Card Lineup	Understanding skills related to condom use
Activity C	HIV/STI Interview – Homework	Developing education skills and clarifying values related to HIV
Session 9		
Activity A	HIV/STI Interview – Discussion	Understanding community awareness and values related to HIV
Activity B	Role Plays	Understanding how others feel; to practice risk reduction skills
Session 10		
Activity A	Have You Weighed Your Options?	Practicing risk reduction and decision-making skills
Activity B	Intoxicated Barbie	Developing alcohol awareness
Activity C	Planning for a Panel of PLWHs/PLWAs	Developing skills in conducting educational activities
Session 11		
Activity A	Panel of PLWHs/PLWAs	Exploring personal & community values; developing compassion for PLWA, PLWH
Session 12		
Activity A	Assertive Communication	Developing understanding and skills in assertive communication
Activity B	Post-test	Getting evaluation data

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** By this time in the training, the peer educators should have begun to work on their campaign to educate their peers. The leader may want to begin interspersing the activities in Chapter VI (listed in the next chart as Sessions 13 through 16) with the remaining training sessions.

Sample Timeline for TAP Members Developing Activities to Educate Their Peers: School Year

Date / Session	Time Needed	Activity
January 3 / Session 13	90 minutes	Activity A. Chocolate Bar Exercise
January 10 / Session 14	120 minutes	Activity A. Prevention Messages
January 17 / Session 15	50 minutes	Activity A. Social Marketing
January 24 / Session 16	90 minutes	Activity A. Develop Working Groups and a Play
February, March, April, and May / Regular meetings	120 minutes	Sessions planning, preparing, and implementing activities

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Session 1, Activity A
Handout

Find Someone Who . . .

1. Has one or more older siblings? _____
2. Has participated in a marathon? _____
3. Has trouble saying *no* to friends? _____
4. Loves one special person? _____
5. Has a parent whose work requires travel? _____
6. Has a stepparent? _____
7. Likes your favorite musician? _____
8. Works or has worked as a volunteer? _____
9. Works or has worked for pay? _____
10. Loves to play sports? _____
11. Has a teenage friend who is a parent? _____
12. Shares your interest in a particular subject? _____
13. Has experienced a broken home? _____
14. Lives with extended family (including aunts, uncles, grandparents, or other relatives)? _____
15. Has a nightly curfew? _____
16. Has cared for a child under two? _____
17. Knows someone with HIV or AIDS? _____
18. Knows what he/she wants to do one day? _____
19. Has a pet or pets? _____
20. Participates in a community youth group? _____

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5. You can protect yourself from becoming infected with HIV.	TRUE	FALSE
6. You can tell if a person is infected with HIV by looking at him/her.	TRUE	FALSE
7. Any person who has HIV can give HIV to someone else if the two people have sexual intercourse without using a condom.	TRUE	FALSE
8. HIV can be given to others by someone who is infected but doesn't know he/she is infected.	TRUE	FALSE
9. There is a cure for HIV and AIDS.	TRUE	FALSE
10. Having HIV infection is the same thing as having AIDS.	TRUE	FALSE
11. Not having sex can protect you from being infected with HIV.	TRUE	FALSE
12. Many people who have HIV infection are not sick with AIDS.	TRUE	FALSE

Please circle the number that best shows how strongly you agree or disagree with the following statements.

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

13. I would be willing to be in a class with a student who has AIDS or is infected with HIV.	1	2	3	4	5
14. I would stop being friends with someone because he or she has AIDS.	1	2	3	4	5
15. I think people with AIDS deserve what is happening to them.	1	2	3	4	5
16. I am afraid that someday I could get AIDS.	1	2	3	4	5
17. I think I can protect myself from infection with HIV and from AIDS.	1	2	3	4	5

Please write in your answers below. Note that in Question 18, you have a choice – either to write in your answers or to select from the multiple choice answers that follow.

18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS.

a. _____

b. _____

c. _____

OR

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

a. Sexual abstinence (not having sexual intercourse)

b. Not sharing needles for any reason

c. Not kissing

d. Not giving blood (for transfusions)

e. Not receiving blood (for transfusions)

f. Not using a public toilet

g. Not using a public swimming pool

h. Using a latex condom for every act of sexual intercourse

i. Avoiding people with HIV infection and AIDS.

19. List three ways that HIV is passed from one person to another.

a. _____

b. _____

c. _____

>>>

Session 1, Activity E

TAP Contract

Purpose: To establish mutual expectations for all TAP members and a basis for teamwork

Materials: A copy of the handout, TAP Contract, for each TAP member

Time: 15 minutes

Planning Notes: Before presenting the contract to the full group, work with two or three leaders from the group to develop a version of the contract that is likely to work for the group. Review the revised contract and be prepared to discuss it with the entire group.

Procedure: Pass out the contract to each TAP member. Explain that this is an agreement between each TAP member and the TAP coordinator in which each makes a formal commitment to the TAP program and to the TAP group.

- Ask each member to read the contract.
- After everyone has read it, ask if anyone has any questions, comments, or suggestions about the contract.
- Discuss and change the contract so that it better fits the needs of the group.
- After all changes have been made, have each person sign and return the contract. The TAP coordinator then signs each contract, makes a copy for program records, and returns his/her copy to each member at the next session.

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Session 1, Activity G
Homework Handout

Tee Shirt Symbols

What or whom do you value most in your life? What three things do you do well? What would you like most to be remembered for? What is one important thing you have done in your life? What do your friends really like about you?

>>>

Session 2, Activity B

Values Clarification

Purpose: To encourage teens to clarify and explore their personal attitudes and values and to become comfortable with listening to and understanding opinions different from their own

Materials: A copy of the Leader's Resource #1, *Training Tips*, and #2, *Value Statements*, newsprint and markers and the Ground Rules that the group agreed on in Session One

Time: 80 minutes

Planning Notes: Values education consists of four important steps in helping youth to:

- Identify their values
- Feel comfortable sharing their values publicly
- Behave in ways that are consistent with their values
- Respect others' values.

The activities in this session provide opportunities for young people to identify their values and to share them with their peers. This is a very important activity, so allow time for adequate processing.

Values education can be a sensitive area in which to work with anyone of any age. As young people express their values and learn about those of others, they may feel some anxiety or discomfort, and they will look to the TAP coordinator for support. Remind the youth about the ground rules established by the group in Session One. These rules should be prominently posted where everyone can see them. Be sure to reemphasize that the ground rules exist for all group activities, especially the following:

- Participants have the right to pass on any activity or part of an activity
- It is okay to disagree with someone but not to judge or put them down.

See the Leader's Resource, *Training Tips*, for guidance in leading this exercise.

Procedure: This activity will give the youth a chance not only to express their individual values but also to discuss the relative merits of different values. You might mention that people who value something and feel good about what they believe, are usually comfortable telling other people what they value and normally act according to their values. They do as they say.

1. Explain to the group that in this activity they will be asked to express their feelings about particular values.
2. Designate three areas of the room to be called agree, unsure, and disagree. You may want

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Session 2, Activity B,
Leader's Resource #1

Training Tips

Pay special attention when teens express an unpopular or minority position and support the youth's willingness to stand up for those values by moving to stand beside the teens and praising them for taking a stand with which others disagree.

Clarify universal core values that are summed up in the ground rules. For example, everyone has value. Discrimination is always wrong. No one should ever be forced to do or say something against his/her own will. Honesty is important.

If no one supports an important position that embodies core values, it is your role as coordinator to present that position convincingly. For example if the entire group disagrees with a position that people living with AIDS should always be covered by health care insurance and should be protected by law against discrimination, you might ask, "Why would some people feel very strongly that people living with AIDS should not be discriminated against?" Then, give answers if the teens do not. For example, you might say, *Caring for the sick and injured is an important part of the responsibilities of society. Most religions strongly support caring for people who are ill or injured or who can't protect themselves.*

It is important for the facilitator to remain neutral. When appropriate, you might express your personal values, but stress to the group that they are *your* own values and are not the only or necessarily even the common point of view. Remind TAP members that values are individual and that no particular value is the *only* one.

If this session gets out of hand, remind TAP members that the purpose of the exercise is to explore their own values and to become comfortable listening and understanding values and opinions that differ from their own. The purpose is not to divide the group or to convince others of the rightness of particular values. Remind them again of the ground rule about respecting other people's opinions and of the core values that underlie the Ground Rules.

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Session 2, Activity C

Question Cards – Preparation

Purpose: To allow participants to ask questions about HIV/AIDS

Materials: Suggestion/comment box, index cards, and pens/pencils

Time: 10 minutes

Planning Notes: Most teenagers have heard a great deal about HIV/AIDS, but many are confused by misinformation about transmission. Many teens do not believe that HIV will affect them. Others believe they cannot avoid HIV infection. Either attitude apparently encourages teens to engage in risk behaviors. In fact, studies show that many teens take sexual risks.

Procedure:

1. Acknowledge that teens already know much of the information about HIV and AIDS, but say that this is an opportunity to clarify any questions and eliminate confusion.
2. Give each participant an index card and ask her/him to write down one or more questions about HIV/AIDS on one side of the card. Teens should not write their names on the cards.
3. Ask the teens to put their cards in the suggestion box. Say that using a suggestion/comment box is a good way to enable teens to bring up issues that are important to them but are embarrassing to ask about publicly.
4. Tell TAP members that you will review the cards and bring the answers to all the questions at the next meeting.

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the person who started out with *Almond Kisses* and that, for the purposes of this exercise, the *Almond Kisses* represent HIV infection.

7. Then, ask anyone who has an *Almond Kiss* in his or her bag to stand up. Explain that, because they exchanged *Hugs & Kisses* for *Almond Kisses*, they, too, are infected with HIV.
8. Ask everyone who is still seated to check their index cards for the name of anyone who is standing. Ask participants to stand up if they see the name of someone who is standing on their index cards. Continue to ask participants to stand until everyone except the three participants with the "M" and the "A" on the bottom of their bags are standing.
9. Ask the participants with "C" written on their cards to sit down. Explain that the "C" means they always used condoms or clean needles and protected themselves from HIV infection. They are not infected with HIV.
10. Ask the people with "IC" written on their cards to sit down. Then, ask them to stand right back up. Explain that these people used condoms and/or clean needles each time, but they used them incorrectly. They are infected with HIV.
11. Explain to the participants that this activity contains an error because someone might have received an *Almond Kiss* (HIV infection) and then given it away again. By contrast, you cannot give away HIV. Once you have it, you can share it with others; but, you can never get rid of it yourself.
12. Remind participants that this is a game. No one can become infected with HIV because he/she eats a particular kind of food nor by sharing or exchanging food.

Discussion Questions:

1. Did anyone notice anyone who did not stand up? Introduce the "abstinent" participant and the "monogamous" partners. Ask them how they felt not playing. How did the others feel when these people refused to exchange candy with them?
2. Why is it difficult not to participate when everyone else is participating?
3. How did the person with the *Almond Kisses* (HIV infection) feel?
4. The one person whose bag had a star did not know he/she was "infected" with HIV. How could we have known ahead of time?

* Adapted with permission from the Planned Parenthood of Maryland STARS program ©1991.

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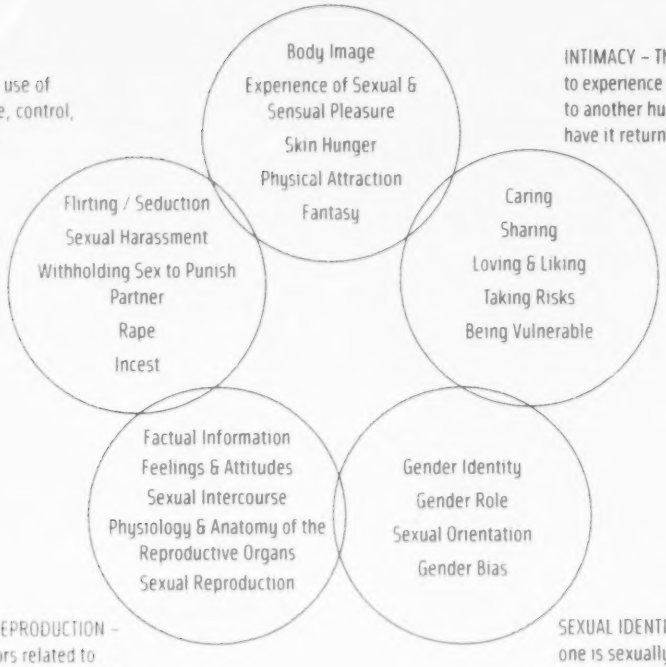
Leader's Resource #1

Circles of Sexuality

SENSUALITY – Awareness, acceptance of, and comfort with one's own body; physiological and psychological enjoyment of one's own body and the bodies of others; awareness and enjoyment of the world as experienced through the five senses – touch, taste, feel, sight, and hearing

SEXUALIZATION – The use of sexuality to influence, control, or manipulate others

INTIMACY – The ability and need to experience emotional closeness to another human being and to have it returned



SEXUAL HEALTH and REPRODUCTION – Attitudes and behaviors related to producing children; care and maintenance of the genitalia and reproductive organs; health consequences of sexual behavior

SEXUAL IDENTITY – A sense of who one is sexually, including a sense of maleness or femaleness

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Death	AIDS is fatal.
Drunk	Judgment and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviors and may have difficulty in correctly using a condom.
ELISA test	Enzyme-linked immunosorbent assay – a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test – a western blot.
Epidemic	The spread of an infectious disease to many people in a population or geographic area.
Erection	When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.
Fear	People often fear people with AIDS because they don't understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.
Friend	People with AIDS need friends.
HAART	Highly active anti-retroviral therapy – aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.
Helper t-lymphocytes	These cells play an important role in fighting infections by attacking and killing foreign bodies (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.
Heterosexual	Physical and romantic attraction to people of the opposite gender.
HIV	Human immunodeficiency virus – the virus shown to cause AIDS.
HIV infection	Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.
HIV negative	HIV negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV-positive (HIV+).
HIV positive	HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies – white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).
Homosexual	Physical and romantic attraction to people of the same gender.
Immune system	A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.
Infectious disease	A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.
Injection drug use	Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe; using needles that have previously been used by other people can transmit HIV.

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Retrovirus The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus' genetic material becomes part of the cell.

Reverse transcriptase A viral enzyme that constructs DNA from an RNA template – an essential step in the life cycle of a retrovirus such as HIV.

Safer sex A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids.

Semen Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.

Seroconversion Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Sexual abstinence Abstinence from sexual intercourse – at this time and/or in this relationship – is the best way to protect oneself from the sexual transmission of HIV.

Status Whether one is or is not infected with HIV or other STIs; awareness of whether one is infected with HIV and/or other STIs.

STD Sexually transmitted disease, another commonly used acronym for STI.

STI Sexually transmitted infection, another commonly used acronym for STD.

Trust Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STI status may not always be safe. Trusting that sexual partners always know the truth about HIV/STI status is also not always safe.

Undetectable Status of some PLWHs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).

Vagina The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.

Victim The word victim (as in "AIDS victim" or "innocent victim") is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS.

Viral load The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.

Western blot A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.

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3. Why is it important to feel comfortable touching your own genitals? (Possible answers: (a) Genitals are sources of erotic pleasure, and masturbation is a risk-free way of expressing and experiencing one's sexuality. (b) Males need to touch their testicles to feel for lumps that might be a sign of testicular cancer. (c) Females use tampons. (d) For both sexes, some methods of contraception require touching the genitals.)
4. Why is it important for teens to understand exactly how and when conception occurs? (Possible answers: (a) It is always important for teens to know how their bodies function, and how they can stay healthy and (b) Knowing exactly how and when conception occurs is necessary so that teens know how to prevent pregnancy, by abstaining from vaginal intercourse or by using effective contraception.)
5. Remembering the Circles of Sexuality exercise, which aspects of sexuality and sexual expression are ignored or excluded if one focuses only on genitalia and reproduction? What implications does this narrowed focus have for HIV prevention education?

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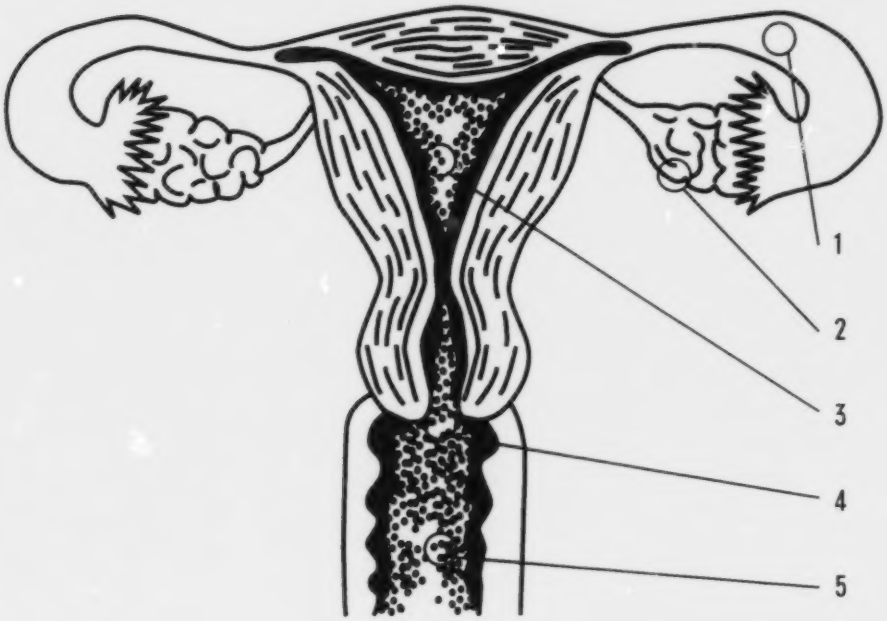
Session 6, Activity A
Handout #2

Female Reproductive Organs



1. _____
2. _____
3. _____
4. _____
5. _____

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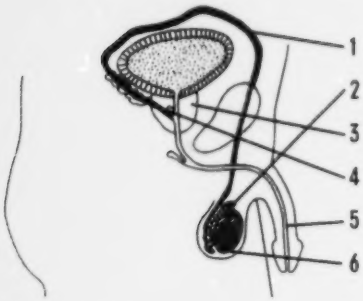
Session 6, Activity A
Leader's Resource

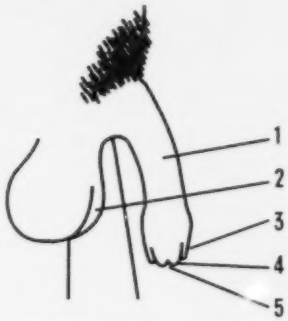
Anatomy and Physiology of Reproduction

Male – Internal



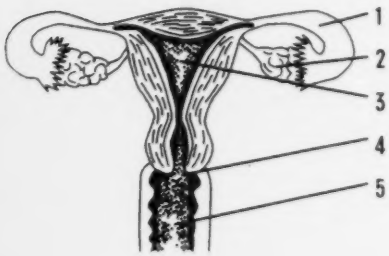
1. Vas deferens
2. Epididymis
3. Prostate gland
4. Seminal vesicles
5. Urethra
6. Testis

Male – External



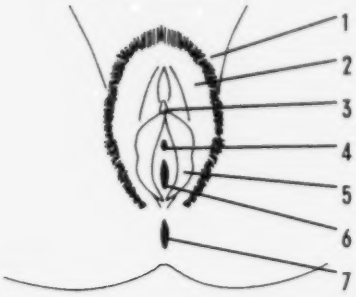
1. Penis
2. Scrotum
3. Foreskin
4. Glans
5. Opening to the urethra

Female – Internal



1. Fallopian Tubes
2. Ovaries
3. Uterus (Womb)
4. Cervix
5. Vagina

Female – External



1. Vulva
2. Labia majora (outer lips)
3. Clitoris
4. Opening to the urethra
5. Labia minora (inner lips)
6. Opening to the vagina
7. Anus (not part of the genitals)

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Discussion Questions:

1. What are the signs and symptoms of STIs? [Answers include: redness or soreness of the genitals, pain when urinating (mostly among males); strong-smelling or cloudy urine; unusual discharge from the penis or vagina; sores or blisters on or around the genitals, mouth, or anus; a sexual partner with symptoms.]
2. What are the most effective ways to avoid STIs [Answers include: 1) abstaining from vaginal, anal, and oral intercourse and 2) using latex condoms every time you have any kind of sexual intercourse.]
3. What three things should you do if you are worried that you have been infected with an STI? [Answers include: 1) seek medical testing and treatment right away, 2) inform your sexual partner(s), and 3) abstain from sexual contact until there is no evidence of infection.]
4. How could you bring up using condoms if you were about to have sexual intercourse with a partner you care about? How would you feel if your partner brought up condom use when the two of you were about to have sexual intercourse? What would you say to him/her?
5. What would be most difficult about having an STI?
6. Men who have sex with men can use condoms to protect themselves and their partners from most STIs. What can women who have sex with women use? [Answer: barriers, such as squares of latex called dental dams, latex condoms which have been cut open, or plastic wrap to cover the vulva and form a barrier so body fluids cannot be exchanged.]

Adapted with permission from Teen Outreach: Youth Development through Service and Learning, Association of Junior Leagues International, New York, NY, © 1994.

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Confidential means that no one other than the teen and his/her health care provider may find out about the testing and treatment. Many community health clinics provide STI tests and treatment at no cost or for a very small fee to adolescents and other patients who cannot pay.

8. You cannot contract an STI by masturbating by yourself or by holding hands, talking, walking, or dancing with a partner.

True. STIs are only spread by close sexual contact with an infected person. Anyone can also be infected with HIV by sharing needles or "works" with an infected person for injection drug use.

9. STIs are a new medical problem.

False. STIs have existed since people began recording their history. There is evidence of medical damage caused by STIs in ancient writings, art, and skeletal remains. Writers of the Old Testament, Egyptian writers from the time of the pharaohs, and the famous Greek physician Hippocrates all mention symptoms of diseases and suffering caused by what we know today to have been STIs. Researchers and physicians began to find cures for most STIs during the 20th century. However, some STIs, such as herpes and genital warts, still cannot be cured.

10. STIs can cause major health problems, and some STIs may cause conditions that result in death.

True. HIV infection, which can be spread through sexual contact, injures the immune system until AIDS (acquired immunodeficiency syndrome) results. AIDS is fatal. Genital warts may be related to cervical cancer, which, if not treated, may become invasive and result in women's dying. Genital herpes can blind and otherwise injure babies born when infected women have open herpes lesions. Some STIs, such as gonorrhea and chlamydia, can cause pelvic inflammatory disease (PID). If untreated, PID may cause sterility, heart disease, and/or death. Untreated syphilis can result in brain damage and death in infected people and, when infants are born to infected women, syphilis can cause severe retardation in the infants.

11. Only people who have vaginal, anal, or oral intercourse can be infected with an STI.

False. Infants can contract some STIs, such as and HIV infection and herpes, during pregnancy and/or birth. Also, some STIs, as we have noted before, can be spread by close sexual contact that does not include vaginal, anal, or oral intercourse.

12. It does not hurt to delay STI testing and treatment after you think you have been infected.

False. Once an STI infects a person, it begins damaging his/her health. If someone waits weeks or months before getting tested and beginning treatment, his/her health may be permanently damaged. Treatment may be unable to reverse this damage. In addition, the infected person can spread STI to sexual partners.

13. Even if a woman is using oral contraceptives, she and her sexual partner should use latex condoms or dental dams to protect against infection with STIs, including HIV.

True. Oral contraceptives do not protect against STI, so a condom or other barrier protection, such as a dental dam, is still necessary for protection against STIs, including HIV.

14. Washing the genitals immediately after having sexual intercourse may help prevent some STIs.

True. Personal cleanliness alone cannot prevent STIs, but washing away a partner's body fluids right after sexual intercourse may be somewhat helpful. Washing will not, however, prevent pregnancy or stop HIV from entering the body through the mucus membranes in the mouth, anus, penis, or vagina.

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Session 7, Activity A

ABC Diversity

Purpose: To understand the implications of stereotyped thinking and challenge stereotyped attitudes

Materials: Newsprint, markers, one index card for each participant, container (such as a paper bag, shoe box, or hat), and pens/pencils

Time: 45 minutes

Planning Notes: Consider that most, if not all, people have prejudiced attitudes and most have participated in discriminatory actions, even if that only meant laughing at someone else's racist or sexist joke. Because racism is a highly volatile topic, you may chose to focus on another "ism," such as sexism (gender bias), ageism (discrimination based on age), or heterosexism (discrimination that assumes heterosexuality is or should be the sexual orientation of all people). However, if racism is or could be a serious issue for TAP members, you may want to address it directly now. If you feel that you need help, see the Appendix for organizations that may be able to provide outside expertise in addressing racism and/or homophobia.

Be open to the experiences and perceptions of the group and allow the discussion to go in the direction it needs. If issues regarding racism do not surface, do not feel that you must bring racism up. However, if group members wish to discuss experiences of racism, be prepared to help them articulate their feelings in a constructive way. For more information about culture see Chapter IV, Selecting and Training Staff and Recruiting TAP Members. Alternatively, read Advocates for Youth's *Leader's Guide to Building Cultural Competency*, review Chapter IV, or refer to the Appendix for organizations focusing on specific communities.

On two pieces of newsprint, prepare a very large illustration with four boxes. In the upper left-hand box write, *Names I've been called*. In the upper right-hand box write, Names I've called others. In the lower left-hand box write, *A time when I was treated unfairly*. In the lower right-hand box write, *A time when I was unfair to others*.

For step 10, create a newsprint of the *ABC's of Diversity* as outlined below:

A = Attitude (prejudice)

B = Behavior (discrimination)

C = Consequences (physical, emotional, or economic injury)

Procedure:

1. Remind participants that stereotyped thinking forces others into a rigid mold and ignores the fact that everyone is first an individual, and second a member of many groups. For example, the TAP members belong to the TAP group. They each have an ethnic heritage. They are members of a local community. They reside in a the U.S. and are citizens of the U.S. or of another country. They are male or female. They may be longing to a particular religious faith, be members of a particular club, be part of a group that shares a particular experience. But, stereotyped attitudes ignore the breadth and depth of people's lives and focuses illogically on just one attribute. Explain that this activity will demonstrate the harm of stereotypes.

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or appearance, occupation, social class, sexual orientation, and so on. Discrimination divides people on the basis of unfair and inaccurate attitudes – prejudice.

11. Display the ABC's of Diversity newsprint. Clarify what each letter represents. Ask the group for examples of prejudiced attitudes, unfair behaviors, and negative consequences that they have observed or experienced. Emphasize that there are always consequences when a person is treated with prejudice or discrimination. The consequences can be emotional, such as hurt feelings or anger, or they can be physical or material, such as giving up on a job or punching someone.

12. Process the activity using the Discussion Points below.

Discussion Points:

1. How does it feel to talk about prejudice?
2. Look back at the names that people said they have been called. How might they have felt when called those names?
3. What do you think about people who call others names or treat others unfairly? Do the people who feel prejudice and who discriminate against others experience any negative consequences? If so, what? Possible answers include:
   - Today, laws exist against most forms of discrimination, and anyone accused of discrimination against others in the work place can be sued.
   - Laws cannot govern how people feel; so there are no laws about feeling prejudice.
   - Prejudiced people lose opportunities to know and enjoy many other people and other cultures.
4. What is the difference between prejudice and discrimination? A possible answer is: Prejudice is having an negative attitude about someone; discrimination is behaving in a unfair way toward someone.
5. Looking at the list that the group has created, it is probably obvious that some people in this group have suffered from prejudice and discrimination. However, it is possible that everyone in the room has suffered from prejudice and discrimination at some time, although probably not to an equal degree. What can you do to change that? Possible answers include:
   - Apologize to anyone in the group that you have felt prejudiced about or acted unfairly toward.
   - Make a vow that you won't hold prejudiced feelings or participate in discriminatory actions.
   - Get to know one another better.
   - Promise that you will refuse to tolerate prejudice or discrimination when they occur.

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F. The federal government generally closes for Christian holidays but not for Jewish, Islamic, or Buddhist holidays. (ignore)

G. In the Tuskegee syphilis study, African-American men in a control group did not receive treatment for syphilis. (destroy)

H. A white youth wears imitation Native American jewelry. (copy)

I. Young women of color are often encouraged to use long-acting methods of contraception, like Depo Provera and Norplant, rather than short-term methods of contraception, like the pill or condoms. (destroy)

J. Throughout much of U.S. history, Native Americans were forbidden or prevented from using their languages, practicing native religious rituals, and following cultural practices intrinsic to their way of life. (destroy)

K. Many programs for youth pretend that all youth are heterosexual. (ignore)

Discussion Questions:

1. What types of patterns do we see related to differences among us?
2. What are some of the subtle and/or blatant institutional and individual manifestations of prejudice and discrimination?
3. How might these patterns be manifested in HIV/STI prevention programs for young women of color? For gay, lesbian, bisexual or transgender youth?
4. How can program planners value diversity in more equitable ways?

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Session 7, Activity C
Handout

Condom Hunt Survey

Name of Store _____ Type of Store (pharmacy, convenience, etc) _____

Address _____ Date completed _____

Store hours _____ Time entered store _____

Name of TAP Member _____

Access

1. Are there any signs in the store to identify location of condoms and/or over-the-counter contraceptives?

   Yes (Go next to question 1a.) ____ No (Go next to question 2.) ____

   a. If yes, what does the sign say? _____

   b. Time it took to find sign: _____

   c. Are all the contraceptives & condoms in one place? Yes ____ No ____

2. If there is no sign, what method(s) did you find first:

   a. Time it took to find the method: _____

   b. Are all contraceptives and condoms in one place? Yes ____ No ____

Employee Interaction

3. Ask *Can you please tell me where the condoms are?* Note the response that you receive:

   Employee: Male ____ Female ____

   Response to teen's question was: Positive ____ Negative ____ Neutral ____

Location

4. Where were the condoms located? (Check all that apply)

   ___ behind the pharmacy counter
   ___ with feminine hygiene products
   ___ by the pharmacy counter
   ___ with men's personal hygiene products
   ___ behind the checkout counter
   ___ in the family planning (contraceptives) section
   ___ by the checkout counter
   ___ Other:

>>>

Session 8, Activity A

Condom Hunt – Discussion

Purpose: To discuss the *Condom Hunt* – Homework activity and process reactions to the experience; to develop a list of accessible places where teens can obtain condoms; to help teens develop the skills to protect themselves

Time: 45 minutes

Procedure: Ask TAP members the following questions to explore their feelings, attitudes, and experiences related to this homework assignment. Ask the TAP members to share their stories of finding condoms.

Discussion Questions?

1. Where did you go?
2. Where did you find the condoms in the store? How did you feel about purchasing or just looking for a condom?
3. Which stores displayed condoms so they were accessible? How much did the condoms cost? When everyone has contributed to the discussion of the above questions, continue with those below.
4. What feelings did you experience when looking for and/or purchasing condoms?
5. Were the experiences of the young men and women different? Is it as okay for a young woman to buy condoms as for a young man?
6. How will you feel about purchasing condoms in the future?
7. Did you discuss the assignment with family members? What types of reactions did they have?

Optional Activities:

1. Show the film *Condom Sense*. This lighthearted look at condoms is appropriate for older teens. 25 minutes. Available from Perennial Education Films, Inc., at 1.800.323.9084.
2. Have teens research local drug stores on the accessibility of condoms. Send them to numerous outlets to conduct the research using the *Condom Hunt Survey* handout. Assist them in compiling and publicizing the results.
3. Form teams to survey a number of stores on the availability and accessibility of all over-the-counter contraceptives. Offer a prize or special privilege to the team which finds the best bargain or the nicest store or which surveys the largest number of stores.

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Training Youth to be Peer Educators <<<

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Session 8, Handout C

HIV/STI Interview Questions

Do you have about 15 minutes to discuss a very important topic with me? We are studying HIV/STI prevention in our school youth program. I have a homework assignment to interview someone about HIV/STI. I would like to ask you some questions, if you don't mind.

Name _____

Relationship to Teen _____ Date _____

1. Have you heard of HIV or AIDS? Yes ___ No ___
2. Have you heard of STIs? Yes ___ No ___
3. If yes, when and where did you first hear of HIV, AIDS, or STIs?
4. What do the letters AIDS stand for? What do the letters HIV stand for? What do the letters STI stand for?
5. How big a problem do you think HIV/STI is in our community?
6. How do you think people get HIV, the virus that causes AIDS?
7. Would you share a can of soda with a person living with HIV or AIDS?
8. How do you think people protect themselves against the spread of HIV?
9. What is the difference between living AIDS and being infected with HIV?
10. Do you worry about getting HIV, the virus that causes AIDS?
11. Where would you go to get more information about HIV/STI prevention?
12. Do you have some ideas for creating a program to prevent HIV/STI transmission among teenagers? What are they?

Note: Remember to thank the person for the time she/he gave you. You might also ask if he/she would like to know what you have learned about HIV. This is a good opportunity to clear up misinformation and ease the possible anxieties of someone close to you.

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Training Youth to be Peer Educators <<<

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Session 9, Activity B
Leader's Resource

Practice Role-Plays

Role-Play A: One Male Actor and One Female Actor

Scene Angie, age 14, and Tony, age 16, have been dating each other exclusively for four months. Neither of them has had sexual intercourse, although they are both beginning to think about it. Tony has been getting a lot of pressure from his friends to do it and begins to try to talk Angie into having sexual intercourse, but she hasn't made up her mind yet. There has been no discussion about condoms, but Angie doesn't want to get pregnant and knows that if they do have sex, they should use something. They are at Tony's house, and his parents are out. Tony offers Angie a drink from his parents' whiskey supply. He has plans for the evening. They're sitting on the couch when Tony gets up to mix two drinks and ...

Discussion Questions:

1. What influenced Angie's decision about whether or not to have sexual intercourse?
2. Do you think alcohol use influenced her decision?
3. Why did Tony pressure her? Do you think he cares about her?
4. If a friend was in a similar situation as Tony, what advice would you give him? What advice would you give Angie? How would you discuss STIs, HIV, and pregnancy?

Role-Play B: Two Male Actors and One Female Actor

Scene Kelly, Lashawn, and David are close friends. The prom is coming up, and Lashawn and David are talking excitedly about their plans. Kelly says she isn't going (she is a lesbian and isn't interested in bringing a guy to the dance). Her friends ask her why she isn't planning to go.

Discussion Questions:

1. Would it be difficult for Kelly to tell her friends she is a lesbian?
2. What other types of activities at school or in the community might make gay or lesbian youth feel excluded?
3. Are teens supportive of their gay friends? Of gay youth in general?
4. How can myths and fears about homosexuality be reduced?

Role-Play C: Two Male Actors

Scene Carlos and Darrel are having a discussion after school. Darrel is planning to have sex with his girlfriend, Yvonne, for the first time this weekend. She has gone on the pill. Carlos is encouraging him to buy condoms, but Darrel says he doesn't need to because Yvonne is using the pill.

Discussion Questions:

1. How do you think Darrel is feeling? Yvonne? How does Carlos view each of them?
2. Why should teens on the pill also use condoms?

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Role-Play F: One Male and One Female Actor

Scene Maria decides to talk to Luis about using condoms. They are on their way back from a rock concert and are talking about their relationship. Maria decides that now is the time to bring up the issue of condoms …

Discussion Questions:

1. How did Maria feel about bringing up the subject of condoms?
2. How did Luis feel about her bringing up the subject?
3. How will this affect the future of their relationship?
4. What are Luis' responsibilities towards Maria? And what are Maria's responsibilities towards Luis?
5. Describe times or ways that might make the discussion easier.
6. What are Maria's choices if Luis refuses to use condoms?

Role-Play G: One Male and One Female Actor

Scene Sara, age 16, and Mark, age 16, have been dating each other exclusively for six months. They have been having sexual intercourse for two months. They have always used a condom. They are at Mark's house, and his parents are out. Mark has forgotten condoms but wants to have sexual intercourse. They're sitting on the couch, watching a movie and …

Discussion Questions:

1. What are the issues to be considered in making the decision?
2. Whose responsibility is it to assure that condoms are available?
3. Should Sara and Mark take a chance just this once? What could be good and bad from each person's point of view? What might the risks be?
4. When does a relationship become a long-term mutually monogamous one? How can you tell if your partner is monogamous? How can someone know if their partner is infected with HIV?
5. What does serial monogamy mean in terms of HIV/STI? Is it an effective safer sex strategy?

Role-Play H: One Male and One Female Actor

Scene Ben has recently learned he is seropositive for HIV. He goes to a party where he is attracted to Terry. The attraction is mutual, and Terry asks Ben if they can kiss.

Discussion Questions:

1. What should Ben do?
2. What would it be like to tell someone you are seropositive for HIV?
3. What activities could Ben and Terry safely engage in?
4. What difference would it make if Terry were male? Female?

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3. Is it difficult to stick to a decision not to have sexual intercourse at this time or not to use drugs? What can someone do to support that decision?
4. If a person decides to have sexual intercourse, what does he/she need to know/do in order to be responsible?
5. Is responsible drug use a possibility? How can you tell if a friend is just having a good time or is really dependent upon a drug?

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Training Youth to be Peer Educators <<<

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Session 10, Activity C

Planning for a Panel of People Living with HIV or AIDS

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone infected with HIV

Materials: Suggestion/comment box

Time: 10 minutes

Planning Notes: Having an individual face for the HIV/AIDS epidemic will help the TAP members deal with their fears and misconceptions about the epidemic. Teens need to understand that AIDS is a fatal disease with no known cure. People living with HIV or AIDS (PLWHs/PLWAs) are often highly successful in educating young people, and many of them want to do this. They dramatically portray the reality of living with AIDS and help break through the teenager's belief in his/her own invincibility. It is important that teens develop compassion, rather than fear, for people living with HIV or AIDS.

Invite a person living with HIV or AIDS to come speak with the TAP members. Over 240 AIDS service networks exist which can help you locate PLWHs/PLWAs who want to speak to audiences. Or contact a local AIDS service organization; ask for the Speakers' Bureau. The National Association of People With AIDS (202.898.0401 or www.napwa.org) can also help direct you.

Procedure:

Prior to the visit, review with the group the evidence that casual contact is not a source of transmission. Discuss and reassure the group about any fears or concerns they may feel before the visit. Also, review the TAP ground rules and remind the group members to follow them while the PLWA or PLWH is visiting.

Ask each teen to think of three issues that he or she would like to learn more about from the PLWHs/PLWAs. Remind the youth about the suggestion/comment box for this pre-session so they can ask questions anonymously. You want this session to address all concerns the teens may have but are afraid or hesitant to voice

In some communities, fear and misinformation remain high, and, as a result, parents may not want their child to meet PLWHs/PLWAs. A permission slip may be needed for this session to avoid any potential conflict. A sample Permission Slip follows as a Leader's Resource. The Permission Slip is also included in the Appendix. The TAP coordinator should consider inviting parents to the program as well. Parents who attend may become strong advocates for this program.

Session 10, Activity C
Leader's Resource
SAMPLE ONLY

Permission Slip

Dear Parent(s) or Guardian,

The youth participating in the TAP peer education program will host a person living with HIV or AIDS (PLWH/PLWA) in the next session. We take this opportunity to have you share any concerns you might have concerning the actual disease and invite you to attend with your young person.

Please sign and return by _____.
(date)

Thank You,

_____
TAP Coordinator

_____ has my permission to attend the session with PLWA/PLWH.
(name of participant)

_____ does not have permission to attend the session at this time.
(name of participant)

Please call me at the following number (____) _____ between the hours of _____ so we can discuss my concerns.

I will also attend _____ the session.
(your name)

_____
Signature of Parent/Guardian

Session 11, Activity A

Panel of PLWHs/PLWAs

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone who is infected with HIV

Time: 120 minutes

Planning Notes: Make sure that the room is set up to ensure that everyone is comfortable and can see and hear the speaker. Also make sure that the speaker is comfortable and can see, hear, and respond to the audience. This may mean bringing in a podium or a table and chair and a microphone for the speaker, arranging a larger room to accommodate parents as well as youth, and making sure there are enough chairs for all the audience.

Procedure:

Allow ample time for this presentation and its processing.

1. Ask the PLWH/PLWA to share his or her story with the group and ask him or her to leave time for questions and answers. Tell him/her that you will end the session and free him/her to leave after no more than 90 minutes.
2. After the guest speaker has finished, thank him/her and escort him/her out. Ask the youth and their guests to stretch, get water, etc., while you escort the guest speaker. Ask them to be ready to discuss what they have learned as soon as you return.
3. Encourage TAP members and their parents/other guests to process what they heard using the Discussion Questions below.

Discussion Questions:

1. What did you learn that you didn't know before?
2. How did this presentation make you feel about PLWA/PLWHs?
3. What do you think we, as a society, can do to ease the situation of PLWA/PLWHs?
4. What do you think you can do to ease their situation?
5. How will what you have learned affect your work as peer educators? As parents?

Optional Activities:

1. If it is difficult to identify a speaker living with HIV or AIDS, use a video to personalize the issue. For information on current, recommended videos, see the Appendix.
2. Have the telephone number of a local AIDS service organization for teens who want to do volunteer work.

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1. Have participants write one sentence describing what Geneva should do in this situation.
2. Allow about three minutes, then ask participants to form three groups based on the following criteria:

   Group 1: All who wrote something that reflects a belief that Geneva should stand there and not say anything to the two young women, move to this end of the room.

   Group 2: All who wrote something that reflects a belief that Geneva should feel angry and express that anger directly and loudly to the two young women, please move to that end of the room.

   Group 3: All who wrote something that reflects a belief that Geneva should speak up and calmly tell the two young women to go to the back of the line, form a group in the middle.
3. Once the three groups have formed, display the three questions you have prepared and go over instructions for the remainder of the activity.

   Ask each group to discuss the answers to the following questions:

   A. How will Geneva feel after making the response that you chose?

   B. How do you think the two young women who butted in line will feel if Geneva responds as you thought she should?

   C. What is the worst thing that could happen if Geneva responds like you wanted her to do? What is the best thing that could happen if Geneva responds like you wanted her to do?

   (Note: if there is only one person standing in a position, join that person to form a group and discuss the questions with her or him.)
4. Allow five minutes for discussion, then ask everyone to return to the large group.
5. Ask one participant from each group to share group responses to the questions. Record the major points in three separate columns on board or newsprint.
6. Write the terms Assertive, Aggressive, and Passive on the board or newsprint. Ask the group to match each term to the list of outcomes for the responses.
7. Review Geneva's choices for action one more time and illustrate why assertiveness is usually the best solution for a situation like this.

Passive response: Communicating passively means not expressing your own needs and feelings, or expressing them so weakly that they are not heard and will not be addressed.

If Geneva behaves passively, by standing in line and not saying anything, she will probably feel angry with the young women and with herself for not saying anything. If the ticket office runs out of tickets before she gets to the head of the line, she will be furious and might blow up at the young women after its too late to change the situation.

A passive response is not usually in your best interest, because it allows other people to violate your rights. Yet there are times when being passive is the most appropriate response. It is important to assess whether a situation is dangerous and choose the response most likely to keep you safe.

Aggressive response: Communicating aggressively means asking for what you want and saying how you feel offensively – in a threatening, sarcastic, humiliating way.

>>>

Session 12, Activity B

Post-test

Purpose: To gather information on trained TAP members' knowledge, attitudes, and behaviors related to HIV and AIDS. (Evaluators will compare this data to data from the pretest at the beginning of the training and to data from a control group to assess how well the program has met its training objectives.)

Materials: A copy of the TAP Evaluation Survey: Post-test handout for each TAP member and a closed box with a slot in which teens can drop their post-tests

Time: 20 minutes

Planning Notes:

This post-test will allow you to measure increases in knowledge and positive changes in attitudes among TAP members since their training began. Results will measure the success of TAP training for the peer educators, not the achievements of the peer educators themselves. Prior to this session, the coordinator should have read and understood Chapter VII of this guide. Use the suggestion box or other a closed box with a slot through which the youth can drop their completed post-tests. Each post-test should be labeled post-test.

Procedure:

Tell the group that no one needs to put his/her name on this test and that all answers will be kept confidential. The TAP coordinator will use the information from the pretest and post-test to assess the effectiveness of the TAP program, not the knowledge of the individual TAP members.

After the post-tests have been completed and collected, correct them using the answer key in the Appendix, and compare the knowledge of the TAP group to that of the control group. The knowledge levels of the two groups should no longer be similar. However, the TAP coordinator will find it useful to note any areas in which the TAP members had difficulties. The coordinator may want to schedule one or more post-training review sessions during which, he/she can stress areas in which TAP members had difficulties.

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5. You can protect yourself from becoming infected with HIV. TRUE ___ FALSE___

6. You can tell if a person is infected with HIV by looking at him/her. TRUE ___ FALSE___

7. Any person who has HIV can give HIV to someone else if they have sexual intercourse without using a condom. TRUE ___ FALSE___

8. HIV can be given to others by someone who is infected but doesn't know it. TRUE ___ FALSE___

9. There is a cure for HIV and AIDS. TRUE ___ FALSE___

10. Having HIV infection is the same thing as having AIDS. TRUE ___ FALSE___

11. Not having sex can protect you from being infected with HIV. TRUE ___ FALSE___

12. Many people who have HIV infection are not sick with AIDS. TRUE ___ FALSE___

Please circle the number that best shows how strongly you agree or disagree with the following statements.

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

13. I would be willing to be in a class with a student who has AIDS or is infected with HIV. 1 2 3 4 5

14. I would stop being friends with someone because he or she has AIDS. 1 2 3 4 5

15. I think people with AIDS deserve what is happening to them. 1 2 3 4 5

16. I am afraid that someday I could get AIDS. 1 2 3 4 5

17. I think I can protect myself from infection with HIV and from AIDS. 1 2 3 4 5

Please write in your answers below. Note that in Question 18, you have a choice – either to write in your answers or to select from the multiple choice answers that follow.

18. List three ways to protect yourself from becoming infected with HIV, the virus that causes AIDS.

a. _____

b. _____

c. _____

OR

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Developing Activities Overview

Session; Time Required	Activity	Purpose
Session 13; 90 minutes	Chocolate Bar Exercise	To identify effective & ineffective risk reduction strategies
Session 14; 120 minutes	Prevention Messages	To identify messages and skills for other teens
Session 15; 90 minutes	Social Marketing	To learn to tailor an HIV/STI program
Session 16; 90 minutes	Developing Working Groups and a Plan	To organize into working groups

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they felt a range of feelings, including guilty, bad, sad, ashamed, cared for, judged, etc.)

3. What feelings did you have when you were playing the "adult" role? ("Adults" generally say they felt a range of feelings, including judgmental, parental, hypocritical, helpful, etc.)
4. What were the exact statements/questions you used to try to change the behavior of the teen? Write the statements on newsprint, for example:
   - "If you eat the chocolate bar, you will get fat, get diabetes, get cavities, develop acne."
   - "I will give you a better grade if you give me the chocolate bar."
   - "You are only eating the chocolate bar because of your peers. Show some control."
5. Label each statement with a tactics/strategies/message. What is the underlying strategy used to encourage behavior change (cause fear or guilt, make threats, manipulate)?
6. Refer to the Leader's Resource, *Common (Yet Ineffective) Sexual Risk Reduction and HIV/STI Prevention Strategies*. Discuss how HIV and pregnancy prevention efforts often rely on ineffective strategies to try to change teens' sexual behavior.
7. Ask the teens who gave up their chocolate bars to talk about the specific strategy that convinced them to change their behavior. Generally, teens give it up because they feel guilty or afraid of the consequences. Discuss how these strategies may work in the short term for a few young people, but are not effective with the majority of teens, especially over a long-term period. Emphasize that while teens sometimes feel they have been helped and adults sometimes feel that they have been helpful, more often than not, both parties end up feeling helpless and struggling for answers.
8. Refer to the Leader's Resource, *Effective Sexual Risk Reduction and HIV/STI Prevention Strategies*. Discuss how HIV/STI and pregnancy prevention programs should rely on effective strategies to reduce teens' sexual risk taking behavior.
9. Refer to the two Leader's Resources, *Factors That Contribute to and Support Behavior Change*. Discuss the importance of programs and policies at the individual, community, and institutional levels. Review the behavior change and community engagement theories. Discuss applications of the theories to HIV/STI prevention among youth in the community that the TAP program serves.

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Session 13
Leader's Resource #2

Effective

Sexual Risk Reduction and HIV/STI Prevention Strategies

What types of behaviors do we want to encourage?

What behaviors do we want teens to give up/change?

What behaviors do we want to encourage?

The 4 "P's"

- **Postpone** sexual intercourse
- **Prepare** for sexual intercourse or drug use (talk to parents/peers/partners, obtain condoms, exchange needles)
- **Protect** yourself (each and every time you have sexual intercourse)
- **Plan** for future (family, graduation, career)

>>>

Session 13
Leader's Resource #4

Factors that Contribute to and Support Behavior Change

1. INFORMATION and SERVICES

- Sexuality information that is culturally relevant, honest, accurate, and balanced
- Information about the consequences of unprotected sexual intercourse and how to protect oneself
- Information about postponement and protection
- Community resources for condoms, dental dams, and needle exchange
- Community resources for survivors of sexual victimization and/or abuse
- Anonymous HIV testing, support groups, and peer education groups

2. MOTIVATION

- Seeking a positive outcome (causal)
- Talking with partners, respected adults, and peers
- Testing and/or treatment for HIV
- Using dual method protection
- Making future plans

3. SKILLS

- To resist peer pressure
- To negotiate safer sex
- To communicate with partner, peers, and parents
- To access services, including testing and treatment

4. BELIEf THAT CHANGE IS POSSIBLE

- That abstinence is cool
- That it is okay for young people to enjoy sexual relationships
- That sexual intercourse should be safe and consensual
- That early treatment will make a difference
- That service providers will be helpful and nonjudgmental

5. COMMUNITY NORMS

- Regarding substance abuse, needle exchange, and condom availability
- Regarding the value and abilities of youth
- Regarding varying cultural, religious, and health beliefs

6. POLICIES RELATED TO

- Condom and/or contraceptive advertising
- Anonymous HIV testing for teens
- Comprehensive sexuality education in schools
- Research by sub-populations on HIV infection
- Adequate funding for culturally appropriate approaches
- Access to services

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Session 14

Prevention Messages

Purpose: To ensure that all members of the group have a unified understanding of the messages and skills they want to communicate to their peers

Materials: Newsprint and markers

Time: 40 minutes to two hours

Procedure: The TAP coordinator facilitates the discussion. This is a brainstorming activity in which the TAP members throw out ideas about possible prevention messages without evaluating them. After the list is formed, the group evaluates each idea. At the end of the exercise, the group should come to consensus on the HIV/STI prevention messages and skills that they want to communicate to their peers. These messages can serve as a proclamation for the group or as a set of policies that the group endorses, which can then be photocopied and used as an educational tool. The following two lists are examples of possible responses. They are not exhaustive nor do they necessarily reflect what each TAP group will generate.

Possible Messages

- You're important, protect yourself.
- "Cool" people don't have to have sex or use drugs.
- It's not who you are, it's what you do.
- Condoms can be fun.
- Anyone – male or female – can carry condoms.
- Don't share needles.
- Teens can get HIV too.
- Cover yourself. Use a condom.
- Stop the madness. Learn about HIV/AIDS.

Possible Skills to Build

- How to say, "No," without hurting someone else or feeling like a nerd
- How to find and get a condom
- How to use a condom
- How to negotiate the use of a condom with a sexual partner
- How to "clean" injecting drug paraphernalia (works)
- Where to get HIV testing information and counseling
- How to resist peer pressure.

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Possible Channels

- Friends
- Teachers
- Videos
- Radio
- TV
- Movies
- Theater
- Posters
- Tee shirts
- Assemblies
- Health clinics
- Doctors/nurses
- Advertisements – on radio, TV, public transportation
- Hotlines
- Buttons
- Bumper stickers

Possible Locations

School

- Cafeteria
- Lockers/hallways
- Outside grounds
- Homecoming

Community

- Restaurants
- Athletic events
- Malls
- Playgrounds/Parks
- Parades
- Youth centers
- Church, mosque, synagogue, etc.
- Music concerts
- Stores

6. Brainstorm possible partners who can help the TAP group implement its HIV/STI prevention projects.

Possible Partners

- Science teachers
- Health teachers
- Local AIDS organizations
- Local newspapers
- TV
- YMCA/YWCA
- Communities of faith
- Police department
- Local family planning or STI clinics
- Local businesses

7. Using these lists, brainstorm projects and activities that the TAP group can undertake to best reach the teens in the community. Write down all the ideas on a new sheet of newsprint.
8. As a group, discuss each idea using the following questions.
   - Does the suggested activity fit the needs of the group you are trying to reach?

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Session 15
Handout

RESPECT YOUNG PEOPLES' RIGHT TO BE RESPONSIBLE

Support Comprehensive Sexuality Education
Become an Advocate for Youth
www.rightsrespectresponsibility.org

Advocates for Youth

BEST COPY AVAILABLE

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Session 16
Handout #1

Activity Planning Sheet

Activity _____ TAP members _____

The goal of the activity is to _____

Describe the activity _____

_____

_____

_____

_____

What is are the main message(s) that the activity will convey? _____

_____

What skills will the target population learn (if applicable)? _____

_____

How many youth will the activity reach? _____

Date this will be implemented _____

Place _____

This activity will be approved by _____

Materials needed _____

_____

Tasks to be completed	By Whom	By When

Estimated budget _____

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At the same assemblies, the TAP group may want to sponsor a Teen Speak Out to encourage teens to discuss why they feel it is important for teens to think about HIV and avoid risk behaviors. Entertainment, such as theater skits or music contests, can also excite and interest an audience to learn more about HIV/STI prevention.

Classroom-style ideas – such as Q & A sessions – provoke the best response when put on as workshops. Smaller gatherings of teens also are more likely to produce active and interesting question and answer sessions.

Videos and movies can provide information to supplement personal information provided by the teens. If you are showing a video to more than 40 youth, make sure to have more than one monitor. The video will be ineffective if all the youth cannot see or hear it well.

Theater Skits Skits provide a useful medium for opening up discussion about teens' feelings about HIV and other STIs, including feelings of invulnerability, homophobia, and confusion about becoming an adult.

Both Wilson and Ballou TAP students developed skits and performed them at school assemblies. The skits dealt with the misinformation many youth have about HIV/STI. Other themes that can be developed in skits include

- How to say "no" to having sexual intercourse when it is not right for you
- How to talk about condoms with a partner
- How to handle peer pressure to use drugs and/or have sexual intercourse
- How to cope with other pressures
- Deciding whether or not to get tested for HIV/STI.

Music Contests For youth who love to write and perform songs, developing one on HIV/STI can be a powerful educational tool. During TAP pilot-testing, TAP members wrote and performed several songs in front of students, teachers, parents, and professionals. Songs can also be performed or played on the radio, a powerful medium for reaching adolescents. The TAP group can sponsor a music contest with prizes donated from local merchants.

Following is a rap song developed by a TAP member. It won first prize in a Washington, DC music contest.

Stupid Cupid

by Alexander, Ballou Senior High School, Washington, DC

Stupid Cupid's not a name, it's an adjective
That's used to describe the way people live.
Stupid Cupids are boys or maybe girls
And they are spread all over the entire world.
Stupid Cupids are people who like to sleep around
They want to get to know every girl or guy in town.
But sooner or later something bad will happen
And that is the reason that we're here rappin.'

The first Stupid Cupid happens to be a boy
Whose goal in life was just to enjoy.

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Formal Presentations

The TAP members can develop formal educational presentations to be given in a school or to community youth groups. These presentations can build on some of the exercises in the training section or the teens can design a presentation of their own. Encourage the teens to cover the essential information and to include interactive exercises that will keep the presentation interesting and allow the audience to develop relevant skills.

Articles in School, Community, or City Newspapers

For those youth who love to write and want to develop their journalistic skills, encourage them to write an article on HIV/STI prevention as it relates to adolescents and to place it in their school newspaper or to write an editorial for the local newspaper.

Essay Contests The TAP members also can run a local essay contest on HIV and adolescents. TAP members can approach local merchants and ask them to donate prizes for the contest. Announce winners in the local newspaper and plan a special ceremony for them.

Developing Educational Materials

Educational materials, such as pamphlets or videos, developed by youth often appeal strongly to other youth. If TAP members draw, design, or write, developing a pamphlet may be just the right activity. If the TAP members like to act and have access to equipment, developing a video about may be just the right activity.

While directing the youth's efforts, remind them of their list of HIV/STI prevention messages and their target population before they jump into developing the materials. All educational materials should be pilot-tested before they are released. The materials should be shown to youth in the target population and evaluated for their ability to communicate the intended prevention messages effectively. Good materials go through several revisions before they are finally released to the public, so be sure to allow at least two to three months for their development.

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Step 3: Analyze the data collected. Data analysis provides a summary of the information gathered, illustrates the overall activities and program, and permits comparing data from different groups within the target population(s). Use simple forms for analysis, such as counts (frequencies) and percentages. For more complicated comparisons, plan to get help from a trained evaluator.

Make sure your analysis is presented in clear terms. The terms used by evaluators sometimes convey little to others. While a highly technical analysis may impress a few experts, clearly understandable results can impress everyone who sees them.

Step 4: Apply the information. The results of evaluation will highlight areas of the program that are effective and pinpoint aspects that need modification. The practical uses of the results will vary. For example, process results may enable you to assure a funding source that you are on track, while post-test results may encourage you to revisit one activity with the TAP members to increase their skills or knowledge in a particular area. The critical point is to study the results, compare them to expectations as stated in the objectives, and reexamine the programmatic activities. Then institute changes that will improve the TAP program.

A look at two possible TAP objectives will help illustrate how the process works. Two training objectives could be stated as follows:

- **Process Objective**: Train ten TAP peer educators during ten weekly, two-hour sessions beginning (date);
- **Outcome Objective:** By the completion of the training, TAP members will learn three methods of preventing HIV/STI.

The process objective requires attendance information for each session. Therefore, the TAP coordinator should record weekly meeting attendance. The outcome objective involves assessing the change in the youth's knowledge of prevention methods. To assess this, the TAP coordinator must conduct an examination at the beginning and end of the training to determine how many TAP members learned three methods of preventing HIV/STI during the program. Without knowing how much they knew before the program, there is no real way to assess how much they have learned during the program.

At the analysis stage, the TAP coordinator can calculate the average attendance for all sessions and the number and percentage of TAP members who improved their knowledge of prevention methods during the program. If attendance is low, the TAP coordinator might modify the program to encourage stronger participation. Similarly, if TAP members cannot identify three HIV/STI prevention methods, a review session can be added to emphasize prevention methods that TAP members did not know at the outset.

Strategies for Process and Outcome Evaluations

The two sample objectives above are, respectively, examples of process and outcome evaluation. Process evaluation involves measuring the success of a program's implementation, while outcome evaluation measures the immediate effect of the program on the knowledge, beliefs, and/or attitudes of the target population (in this case, the TAP members). Both types are important for assessing the TAP program.

Process Evaluation

Process evaluation uses simple measures to gather information on the implementation and operation of the program. Process measures can be developed to track each component of the program, from enlisting community support, through training peer leaders, to administering the actual intervention activities. With information from a process evaluation, the TAP coordinator can identify and replicate successful components of the program. She/he can keep funding and oversight agencies informed and also use information from a process evaluation to identify and correct problems. Use the four steps listed below to plan a useful and manageable process evaluation.

Step 1: Review objectives and decide what to measure. The best way to do this is to select process objectives during the initial program planning stages.

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(Sample)

Field Notes

Date: _____

Name: _____

Session: _____

Briefly describe the training session or the education session (e.g. place, goal, activities).

Number of trainers present: _____

Number of TAP members present: _____

What worked? _____

_____

What didn't work? _____

_____

Why? _____

_____

What needs to be revised to make it more successful? _____

_____

Other comments/notes: _____

_____

_____

_____

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knowledge as older youth, analyze answers to survey questions or attendance at TAP activities according to age and gender.

Step 4: Apply the information you have gathered. Use the information gained in an outcome evaluation of TAP to see if the TAP training is effective in preparing the TAP members to be HIV/AIDS peer educators.

It sounds simplistic, but data are only useful when used. The information is important and can be used in a variety of ways. The information gathered through the evaluation process enables the TAP coordinator to:

- Inform funding sources
- Increase community support
- Educate the public about peer education to prevent HIV/STI
- Publish articles, reports, publications, and press releases
- Monitor the program
- Identify program strengths
- Overcome program weaknesses
- Redirect program efforts.

Remember: Evaluation results that never get used are a waste of time, money, and effort. That's why it is important to make the evaluation simple and usable.

Getting Help with Evaluation

There are many reasons to get help with planning for evaluation:

- Expert review for oversights and inconsistencies
- Help in designing a survey
- Professional guidance in selecting the sample(s)
- Help in understanding the steps in evaluation.

Funding sources may request a more complex and/or precise evaluation than the TAP coordinator is able to do alone. Rigorous evaluation requires money, time, and thoughtful preparation with the expert help of a professional evaluator. Help is available, if one knows where to look.

Written Materials

A variety of books are available on the subject of evaluation. Start with something simple. Many organizations and individuals have developed step-by-step guides to designing evaluation, several specifically in the field of teen pregnancy prevention and or adolescent sexual health. A few such guides are listed below:

1. Berk RA. *Thinking About Program Evaluation*. Newbury Park, CA: Sage, 1990.
2. Bertrand JT. *Evaluating Information-Education-Communication (IEC) Programs for Family Planning and Reproductive Health: Final Report of the IEC Working Group*. Thousand Oaks, CA: Sage, 1996.
3. Brindis C, Davis L. *Building Strong Foundations, Ensuring the Future [Communities Responding to the Challenge of Adolescent Pregnancy Prevention*, v. II] Washington, DC: Advocates for Youth, 1998.
4. Brindis CD, Korenbrot CC, Brown PL. *Evaluation Guidebook for Family Planning and Information and Education Projects*.San Francisco: Center for Population & Reproductive Health Policy, University of California, 1986.
5. Card JJ. *Handbook of Adolescent Sexuality and Pregnancy*: Research and Evaluation Instruments. Newbury Park, CA: Sage, 1993.
6. Damond M, et al. *Making Evaluation Part of Your HIV/AIDS Education Plan: Methods and Measures*. Washington, DC: American Red Cross, 1993.
7. Fink A. *Evaluation Fundamentals: Guiding Health Programs, Research, and Policy*. Newbury Park, CA: Sage, 1993.
8. Fitz-Gibbon CT, Morris LL. *How to Analyze Data*. Newbury Park, CA: Sage, 1987.
9. Fitz-Gibbon CT. *How to Design a Program Evaluation*. Newbury Park, CA: Sage, 1987.
10. King JA, Morris LL, Fitz-Gibbon CT. *How to Assess Program Implementation*. Newbury Park, CA: Sage, 1987.
11. McKay EM, Lopez DA. *Evaluating HIV/STD Education and Prevention Programs: an Introduction*. Washington, DC: National Council of La Raza, 1991.
12. Morris LL, Fitz-Gibbon CT, Freeman ME. *How to Communicate Evaluation Findings*. Newbury Park, CA: Sage, 1987.
13. Patton MQ. *How to Use Quantitative Methods in Evaluation*. Newbury Park, CA: Sage, 1987.
14. Philliber S. *Evaluating Your Adolescent Pregnancy Program: How to Get Started*. Washington, DC: Children's Defense Fund, 1989.
15. Stecher BM, Davis WA. *How to Focus an Evaluation*. Newbury Park, CA: Sage, 1987.

Many textbooks are also available. Check with a local college or university library and with the university's social sciences, psychology, or public health departments. Organizations that conduct applied research in the social sciences as well as funding institutions often have simple written materials to guide evaluation planning.

Technical Assistance

If the sponsoring agency does not have staff trained in evaluation, one may find the help needed at a local college or university. Contact the social sciences and/or public health departments to find out if an evaluator, either a professor or a graduate student, can help with the project. The kind and amount of help available will vary but asking early increases the chance of finding help. Often, graduate students are eager for real work experience and will work for fees that are much lower than those normally charged by professional evaluators. Sometimes the TAP coordinator can arrange to let the student use the data for a thesis or dissertation in exchange for the evaluation work.

In addition, a number of organizations may be able to help with different aspects of the evaluation. Check with local youth serving agencies and public health organizations for leads within the community.

Whether working with a graduate student or a seasoned professional, a little preparation will help planners communicate their needs clearly and gain the best results. Start the process in the early stages of program planning to ensure time for consultants to accommodate the request for help. At the minimum, the contact should be made three months in advance of when help will actually be needed.

Be clear about the kind of help needed. When a plan is being developed, someone may be needed to critique it as well as to be available for informal consultation three or four times during the evaluation process. Be clear if you need help in designing the questionnaire, calculating the sample size needed, and/or analyzing data. The evaluator will want to know how much time the project will need. If a planner is unclear about the steps – and therefore the time required – he/she should have a full discussion of what is wanted from the evaluation at the initial meeting. When planners are vague, and tasks keep getting added on, volunteers may feel compelled to withdraw from the commitment, or paid consultants will need additional funding beyond their initial cost estimates. Finally, publicly and frequently acknowledge the help you receive in all reports to funding sources, the community, the media, and involved agencies.

Advocates for Youth also offers training and technical assistance to groups implementing the TAP program. The staff at Advocates can answer questions about evaluation and can help develop alternative evaluation plans.

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more frequently, especially with major media, a reporter's deadline is the next ten minutes or the next hour. Even when a reporter calls several days before deadline, a quick response increases the chances of being quoted or cited in the final story.

Remember that the reporter has a job to do and has a deadline to meet. The more quickly a program helps a reporter to do his/her job, the more likely the reporter will rely on the program as a credible source. An organization that is prompt and careful in providing accurate, pertinent information makes the reporter's job easier and the story better. The reporter will remember and call again when he/she is working on another story on the same issues.

When You Call the Media

An even better way to start a conversation with the media is to initiate the contact when the program has news to convey. How do you know what is "news?" Generally, news:

- Is new
- Affects a large number of people
- Involves action of some kind
- Involves important or interesting people
- Generates human interest
- Contains an element of conflict or controversy.

If the medium is television, news must also be visual – that is, it shows on camera. While many news items do not meet all these criteria, the more criteria that apply, the more likely that an assignment editor will agree that it is news. At the outset, a TAP program meets many of these criteria. It may be new in the community. It affects many people (in this case, young people). It has human interest value – ordinary people helping other ordinary people. It involves conflict resolution (problem solving). Add a special program or event that can be caught on camera, and a TAP program has a good chance of attracting the interest of local news media.

It is worth noting that a criterion for news is not necessarily that the program or issue is important. Paradoxically, while most people assign importance to issues that make the news, being an issue of importance isn't enough to influence a news editor if other criteria are missing. Many issues that occupy leading news slots for a while fall from view when there is nothing new to say about them. The HIV/AIDS epidemic is a perfect example. It is an issue of serious importance to the health and well-being of billions of people. But, unless some new, noteworthy item pops up about the epidemic, it will not make news.

If an item matches at least two of the news criteria given above, try to generate media coverage about it. If a new program is being officially launched, and the governor or mayor is coming to the opening ceremony, that may qualify. If the government has released new national figures on the issue the program addresses and the program is holding a briefing for the community on the local picture, that's likely to be seen as news. If the program's director has challenged his/her chief critic to a public debate, that's very likely to garner coverage. Because media usually see stories about young people as having human interest, their involvement in a program to educate their peers about HIV/STI prevention and about AIDS may enhance the news value of the program's activities.

Preparing Young People for Interviews

Young people, by and large, are highly attuned to the media and will respond eagerly to the idea of being on the news. It is important to prepare them well in advance of prospective interviews. When youth participate in a news event, they should be fully briefed and prepared for dealing with the media. But, do not attempt to provide them with a script. Review with them the section called, Know Your Rights, at the end of this chapter. Read and watch together some news interviews and discuss them.

- How much time did the interviewee actually have to make a point?
- How well did the interviewee make his/her point?

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Sample Form

Consent to Use Photograph

I, _____ (Name of TAP member), do hereby give the _____ (Organization) (_____ (Photographer))

and parties designated by the organization and photographer the right to use my name and photograph for advertising, display, exhibition, or editorial use. I have read this release and fully understand its content.

I affirm that I am more than 18 years of age.

Signature: _____ Name (Please Print): _____

Date: _____ Witness: _____

I am the parent or legal guardian of the above named minor and hereby approve the foregoing and consent to the photograph's use subject to the terms mentioned above. I affirm that I have the legal right to issue such consent.

Parent/Guardian's Signature: _____

Name (Please Print): _____

Date: _____ Witness: _____

Address: _____

Phone: _____

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Letters to the Editor

The letters to the editor column is a good way to raise issues and promote awareness of the program. Newspapers welcome and print brief, responsible commentary on issues in the news. Make it clear and keep it brief and timely. Respond immediately, within eight to 24 hours of a news story, if possible.

Guest Editorials

Most newspapers have an Op-Ed (opposite editorial) or commentary page. Editorial staff is responsible for accepting brief commentaries or opinion pieces on topics in the news or of public concern in the community. To place an Op-Ed or column, call the Op-Ed page editor to gauge interest in the subject. Have a backup plan for the article – such as using it in a newsletter or as the basis for a speech or testimony – since few Op-Eds are published. These articles should be between 500 and 650 words, should make one major point about an issue, and should not obviously promote a program, organization, or agenda. The article must include a author's name and title. Many organizations have good writers craft Op-Eds which are then signed by prominent staff, a member of the board of directors, the principal of the school, the district superintendent, etc.

What to Say?

When speaking to the media, be clear and direct. Know what points to make, and make them without rambling. If you don't know an answer, say so. If a question is beside the point, say so and explain why. The reporter has a right to ask anything and to expect an accurate answer. People being interviewed have a right not to comment on inappropriate or side issues. Making a comment on something someone said or on a side issue should be avoided because such remarks are fair game for reporters to use. Saying something is *off the record* will not guarantee that the remark won't wind up in print with your name attached to it.

The person who is not a spokesperson for the organization – but is providing only background information – should make that clear. Hand the reporter on to the appropriate persons for her/him to interview for attribution. If you don't want to be quoted on a subject, don't talk about it. Don't criticize colleagues or other organizations; your criticisms are likely to wind up in print and may be actionable. Reserve criticism for serious issues and for motivating public officials.

The following list gives the general use of terms. However, it is safest to assume that if you talk with a reporter, you and your organization may be identified in print. So be wide awake when providing reporters with information. If you are unsure of your ability to answer clearly, cogently, and appropriately, ask to call the reporter back. Ask for help from others in the organization. Or say, "No."

Media Vocabulary

Off the record: Material that may not be published or broadcast. Generally not safe to use.

Not for attribution: Information that may be published, but without revealing the identity of the source. For example, a reporter may say a member of the TAP program, or a "knowledgeable source." Check with the reporter before you assume your information will be attributed this way.

Background: Usually this statement means not for attribution, but make sure that the reporter uses the term this way.

Deep background: Usually this statement means off the record. Again, check with the reporter so you understand how the material will be used.

No: Use "no" judiciously. Refusing to answer a reporter's question can be a very helpful move; but say no too often and you may come across as evasive or unreliable.

Know your rights

The reporter has the right to ask questions and may even appear skeptical of the answers she/he is given. Interviewing is a major part of his/her job. However,

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Radio is, in many ways, the easiest medium to access. An interview can be conducted from any location with a telephone. Identify news directors and producers of talk shows to whom you will pitch your issue and/or program. Radio talk shows, even those at odd hours of the day and night, often have loyal listeners that cannot be reached as effectively through any other medium. Radio is a particularly good medium for reaching a young and mobile audience that tends to listen often. This also makes radio a good medium for interviews with TAP members who may find radio familiar and comfortable.

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Taking the Message to the Media <<<

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- Graves KL, Leigh BC. The relationship of substance abuse to sexual activity among young adults in the United States. *Family Planning Perspectives* 1995;84:1116-1120.
- Hoyert DL, Kochanek KD, Murphy SL. Deaths: final data for 1997. *National Vital Statistics Reports* 1999;47(19):1-104.
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- National 4-H Council. *Creating Youth/Adult Partnerships: The Training Curricula for Youth, Adults, and Youth/Adult Teams*. Chevy Chase, MD: The Council, 1997.
- Office of Research on Women's Health. *Women of Color Health Data Book: Adolescents to Seniors*. Bethesda MD: National Institutes of Health, 1998.
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- Soet JE, Dilorio C, Adame D. HIV prevention knowledge, attitudes, and sexual practices among Asian college students. *Journal of Health Education* 1997;28(6 Supplement):S22-S28.
- Schuster MA, Bell RM, Kanouse DE. The sexual practices of adolescent virgins: genital sexual activities among high school students who have never had vaginal intercourse. *American Journal of Public Health* 1996;86:1570-1576.
- Stevens J. *Peer Education: Promoting Health Behaviors*. [The Facts] Washington, DC: Advocates for Youth, 1997.

B. Organizations Providing Information for Youth at Risk of HIV/STI

1. **Advocates for Youth** utilizes the skills and enthusiasm of young web activists to create communities of gay, lesbian, bisexual, and transgender (GLBT) youth, Latino GLBT youth, HIV-positive youth, young women of color, and peer educators. Its web sites provide online information, assistance, and support.
   (www.youthresource.com, www.ambientejoven.org, www.youthHIV.org, www.sistahs.org, and www.youthshakers.org or phone 202.347.5700)
2. **The Asian and Pacific Islander Wellness Center**'s mission is to educate, support, empower and advocate for Asian and Pacific Islander communities particularly Asian and Pacific Islanders living with or at-risk for HIV. (www.apiwellness.org or phone 415.292.3400)
3. The **NAACP** has a principal objective to ensure the political, educational, social and economic equality of minority group citizens of the United States. The NAACP is committed to non-violence and relies upon the press, the petition, the ballot and the courts, even in the face of overt and violent racial hostility. (www.naacp.org or phone 410.521.4939)
4. **The National Association of People With AIDS** (NAPWA) advocates on behalf of all people living with HIV and AIDS in order to end the pandemic and the human suffering caused by HIV/AIDS. NAPWA's web site is devoted to its ongoing mission to educate, inform, and empower all people living with HIV and AIDS. (www.napwa.org or phone 202.898.0414)
5. The **National Council of La Raza** (NCLR) works to reduce poverty and discrimination, and improve life opportunities, for Hispanic Americans. NCLR work towards this goal through two primary, complementary approaches: (1) capacity-building assistance to support and

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5. **The Public Welfare Foundation** funds projects that provide HIV prevention education and advocacy programs to disadvantaged youth. The foundation has funded local organizations and peer education programs in the past. The Public Welfare Foundation can be contacted by phone at 202.965.1800 or online at www.publicwelfare.org.

D. Evaluation Resources

1. Berk RA. *Thinking About Program Evaluation*. Newbury Park, CA: Sage, 1990.
2. Bertrand JT. *Evaluating Information-Education-Communication (IEC) Programs for Family Planning and Reproductive Health: Final Report* of the IEC Working Group. Thousand Oaks, CA: Sage, 1996.
3. Brindis C, Davis L. *Building Strong Foundations, Ensuring the Future* [Communities Responding to the Challenge of Adolescent Pregnancy Prevention, v. II] Washington, DC: Advocates for Youth, 1998.
4. Brindis CD, Korenbrot CC, Brown PL. *Evaluation Guidebook for Family Planning and Information and Education Projects*. San Francisco: Center for Population & Reproductive Health Policy, University of California, 1986.
5. Card JJ. *Handbook of Adolescent Sexuality and Pregnancy: Research and Evaluation Instruments*. Newbury Park, CA: Sage, 1993.
6. Damond M, et al. *Making Evaluation Part of Your HIV/AIDS Education Plan: Methods and Measures*. Washington, DC: American Red Cross, 1993.
7. Fink A. *Evaluation Fundamentals: Guiding Health Programs, Research, and Policy*. Newbury Park, CA: Sage, 1993.
8. Fitz-Gibbon CT, Morris LL. How to Analyze Data. Newbury Park, CA: Sage, 1987.
9. Fitz-Gibbon CT. *How to Design a Program Evaluation*. Newbury Park, CA: Sage, 1987.
10. King JA, Morris LL, Fitz-Gibbon CT. *How to Assess Program Implementation*. Newbury Park, CA: Sage, 1987.
11. McKay EM, Lopez DA. *Evaluating HIV/STD Education and Prevention Programs: an Introduction*. Washington, DC: National Council of La Raza, 1991.
12. Morris LL, Fitz-Gibbon CT, Freeman ME. *How to Communicate Evaluation Findings*. Newbury Park, CA: Sage, 1987.
13. Patton MQ. *How to Use Quantitative Methods in Evaluation*. Newbury Park, CA: Sage, 1987.
14. Philliber S. *Evaluating Your Adolescent Pregnancy Program: How to Get Started*. Washington, DC: Children's Defense Fund, 1989.
15. Stecher BM, Davis WA. *How to Focus an Evaluation*. Newbury Park, CA: Sage, 1987.

Sample Permission Slip

I, _____ (name of parent/guardian), give my permission for my son/daughter _____ (name of student) to participate in the TAP / HIV/STI Prevention Peer Education program at _____ (agency/school). I understand that he/she will be learning facts about HIV and other STIs and skills for protecting him/herself and that he/she will participate in designing an educational campaign for other youth. I understand that the TAP group will meeting on _____ (days of the week) and _____ each week from _____ (time) to _____.

_____ (parent/guardian's signature)

_____ yes _____ no I am interested in receiving some HIV/STI prevention materials.

_____ yes _____ no I may be available and willing to drive TAP members to conferences, meetings, or presentations.

Session 1, Activity C
Handout

TAP Evaluation Survey: Pretest

HIV and AIDS as well as other STIs are serious problems in the United States. We want to find the best ways to teach youth about HIV/STIs. This survey will help us understand what you know and how you feel about HIV and AIDS. Your answers are important. Please answer each question carefully and honestly. Please note that, in this survey, *having sex* means making love, doing it, or having sexual intercourse. *Having sex* means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept confidential, and no one will know how you answered this survey. You will have 15 minutes for this pretest. When you are finished, please come up and put the survey in this box. Remember NOT to write your name on the survey.

Thank you for your help.

Please mark your answers with a check mark or an answer in the appropriate space on the left.

1. Are you male or female?
   ___ female
   ___ male
2. How old are you?
   ___ years old
3. What is your race?
   ___ Asian/Pacific Islander
   ___ Black/African-American
   ___ Hispanic
   ___ Native American
   ___ White (non-Hispanic)
   ___ Other (please specify) _____

Please circle your response on the right.

4. Can a person get HIV (the virus that causes AIDS) from any of the following?

a. Going to school with a student who has AIDS or HIV	YES	NO
b. Kissing someone who has AIDS or HIV	YES	NO
c. Sharing needles or "works" with someone who has AIDS or HIV	YES	NO
d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV	YES	NO
e. Having sex without a condom with someone who has AIDS or HIV	YES	NO
f. Being bitten by mosquitoes or other insects	YES	NO
g. Giving blood at a hospital, blood bank or the Red Cross	YES	NO
h. Swimming in a pool with a person who has AIDS or HIV	YES	NO

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Session 1, Activity E
Handout
Example

TAP Contract

The TAP member agrees to the following:

1. I will attend all regularly scheduled sessions.
2. I will be on time for each session and bring the materials needed.
3. I will visit other places for arranged engagements.
4. I will participate to the fullest in each session.
5. I will serve as a resource to the school or agency for presentations that will help train new peer educators.
6. I will not discuss the personal information I learn about other TAP members or that other youth confide to me because I am a peer educator. If I have a question about something someone has told me in confidence, I will discuss it with the TAP coordinator without disclosing the identity of the person who told me.
7. I will talk about the program and what the program has taught me with newspapers, radio, and/or TV representatives who express an interest in the program.
8. I will learn with an open mind and respect the ideas of others, even if they are different from my own.
9. I will discuss problems, concerns, suggestions, or questions about the program with the TAP coordinator.

The TAP coordinator agrees to the following:

1. I will provide factual information and helpful exercises on HIV/STI prevention education, sexuality education, and pregnancy prevention.
2. I will be on time for each session and bring the materials required for the activities.
3. I will work to make each session interesting.
4. I will respect the feelings of each member of the group.
5. I will respect the integrity of the group and the group's decisions.
6. I will maintain confidentiality about personal information pertaining to TAP members. If I learn something that I am required by law to report (such as that a TAP member has been injured or abused by someone), I will explain that to the youth.
7. I will answer questions as honestly as possible.
8. I will fairly and honestly evaluate the participation of each TAP member.

My signature below affirms that I understand and agree to the conditions listed above.

TAP Member	TAP Coordinator
Date	Date

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Session 12, Activity B
Handout

TAP Evaluation Survey: Post-test

This survey will help us understand what you have learned and how you feel about HIV and AIDS. Your answers are important in helping us assess the quality of the TAP program. Please answer each question carefully and honestly. Please note that, in this survey, having sex means making love, doing it, or having sexual intercourse. Having sex means having vaginal, oral, and/or anal intercourse.

Write your answers directly on this survey. Please, do NOT put them on another sheet of paper. Do NOT write your name on this survey. Your answers will be kept secret, and no one will know how you answered this survey. You will have 15 minutes for this post-test. When you are finished, please come up and put your test sheet in this box. Remember NOT to write your name on the test sheet.

Thank you for your help.

Please mark your answers with a check mark or an answer in the appropriate space on the left.

1. Are you male or female?

____ female

____ male

2. How old are you?

____ years old

3. What is your race?

____ Asian/Pacific Islander

____ Black/African-American

____ Hispanic

____ Native American

____ White (non-Hispanic)

____ Other (please specify)

Please circle your response on the right.

4. Can a person get HIV (the virus that causes AIDS) from any of the following?

a. Going to school with a student who has AIDS or HIV	Yes____	No____
b. Kissing someone who has AIDS or HIV	Yes____	No____
c. Sharing needles or "works" with someone who has AIDS or HIV	Yes____	No____
d. Sharing needles to pierce ears, take steroids, or get tattoos with someone who has AIDS or HIV	Yes____	No____
e. Having sex without a condom with someone who has AIDS or HIV	Yes____	No____
f. Being bitten by mosquitoes or other insects	Yes____	No____

>>>

OR

Which of the following are effective ways to protect yourself from being infected with HIV? Circle all that apply.

a. Sexual abstinence (not having sexual intercourse)
b. Not sharing needles for any reason
c. Not kissing
d. Not giving blood (for transfusions)
e. Not receiving blood (for transfusions)
f. Not using a public toilet
g. Not using a public swimming pool
h. Using a latex condom for every act of sexual intercourse
i. Avoiding people with HIV infection and AIDS.

19. List three ways that HIV is passed from one person to another.

a. _____

b. _____

c. _____

>>>

(Sample)

Field Notes

Date: _____

Name: _____

Session: _____

Briefly describe the training session or the education session (e.g. place, goal, activities).

Number of trainers present: _____

Number of TAP members present: _____

What worked? _____

_____

What didn't work? _____

_____

Why? _____

_____

What needs to be revised to make it more successful? _____

_____

Other comments/notes: _____

_____

_____

_____

>>>

Which of the following are effective ways to protect yourself from being infected with HIV?
Correct answers are in bold face.

a. **Sexual abstinence (not having sexual intercourse)**

b. **Not sharing needles for any reason**

c. Not kissing

d. Not giving blood (for transfusions)

e. Not receiving blood (for transfusions)

f. Not using a public toilet

g. Not using a public swimming pool

h. **Using a latex condom for every act of sexual intercourse**

i. Avoiding people with HIV infection and AIDS.

List three ways that HIV is passed from one person to another.

a. Through unprotected sexual intercourse

b. Through sharing needles or syringes

c. Through vertical transmission from mother to fetus/infant during pregnancy, birth, or breastfeeding.

>>>